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COMMUNICATIONS.

AN EPIDEMIC OF MALIGNANT TYPHOID FEVER AT LOS- ANTVILLE, IND.

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COLUMBUS, O.

On June 30, 1887, the first recognized case of typhoid that had occurred in our practice for a long series of months presented itself. After this until January 1, 1888, our village and the surrounding country were almost depopulated by it. I say the first recognized case, for I am persuaded that some months before there was a case of typhoid in the village, which was masked by complications and ran its course to convalescence without being diagnosed. Of course no attempt was made toward disinfecting the stools, which were thrown into the abominable privy-vault with which our village was cursed. No well in the town is more than fifty feet from one or more of these vaults, and some of them are within fifteen or twenty feet. The micrococci from this unrecognized case multiplied and flourished in this vault, and a few strayed away to the neighboring well. There they lived till after a very protracted drought, in which the water in the wells became so low that we had to drink all the impurities of the water in a concentrated form—bacteria and all. It was simply the essence of nastiness boiled down. Then it was that our epidemic began. Had we been able to control our patients, we might have stopped it soon. But the people there are like many people elsewhere: they believe disease is a sort of providential something, they don't

know what, and don't care what, and that it cannot be prevented. Hence our efforts at complete disinfection were only partly successful. One uncontrollable patient insisted that, as long as he was able to turn out and walk, he would not have anyone carrying the chamber after him. He would boldly walk out, attend to the calls of nature, and return to bed. Fortunately such cases were few. As people became more in earnest and more careful, and as deeper wells were sunk, and the rains came to dilute the nastiness so that in a given amount of the water we did not get as much of the filth—and probably what was best of all, as many began to use rain-water or boiled water—then the epidemic began to subside. The writer of this paper was the last patient, and he took to his bed on New Year's day.

Losantville was then only a small village of one hundred and sixty inhabitants; but out of these hundred and sixty there were thirty stricken down, of whom four died. All told, the writer saw fifty-six cases, having full control of thirty-seven of this number, while the other nineteen were either seen in consultation or treated by other physicians. Out of the 56 there were 12 deaths—a high rate of mortality, 21.4 per cent. Seven cases were seen but once or twice, and five of these died. So it is but fair to count the mortality as 7 in 49, or 14.2 per cent. The case running the shortest course lasted fifteen days. The patient was a woman, and she seemed to be completely overwhelmed from the very beginning with a large dose of the poison, and steadily and rapidly sank, dying of heart-failure, but without complications. Her pulse gradually increased from 108 to 150. Her temperature ranged from 101° to 104°.

The longest continued case ran twenty weeks from the beginning of the fever till he became sufficiently convalescent to stand alone. This case began as an intermittent, then became remittent in type, and finally continuous. At no time did his fever run high, but it continued uninterruptedly for the whole five months. During the last six or eight weeks of his illness he had involuntary alvine evacuations, and his delirium continued for several weeks after he was up and around. Complications were present in fifteen of the cases. One patient had an abscess in both middle ears, a large bed-sore, and involuntary evacuations from the bowels for eight weeks, but finally recovered. Five had intestinal hemorrhage. Three of these patients died. One patient, after his disease had run a smooth course, and after he was convalescent for a week, was attacked with severe colic and gastro-enteritis, which kept up irregularly for six weeks. One became markedly jaundiced; one had bronchopneumonia; two had phlebitis, in one of which both limbs suppurated; three had bed-sores—in one which resulted fatally the bed-sore was the largest and most intractable I ever saw. As I was disappointed in nurses one night, a son was left, who was himself just recovering from a severe attack, to watch with his mother. A frequent and distressing desire to urinate seized the mother. The son, not being able to place the bed-pan so often, padded it as best he could, and left it in place for several hours. The result was breaking down of all that part which was pressed upon. A slough came away, leaving a hole four inches in diameter, extending down to the sacrum and coccyx, exposing all their processes and ligaments. The origin of the glutei muscles and their coarse fibres were as plain as ever I saw in the dissecting-room. After this, one sore appeared after another, till at least twenty were on her back. Cold abscesses began to form, and death closed the scene. To illustrate how slight pressure on her would cause a sore, it may be mentioned that she was inclined to lie with one hand to her face so that the tips of her fingers touched her cheek. A bed-sore formed here, and was followed by sloughing down to the buccinator muscle.

Two patients had endocarditis, and one of them died; one developed a melancholic condition, in which hysterical lock-jaw, etc., played a prominent part. Four had involuntary discharges; and two of these patients died. The eruption occurred about the tenth day, and in a few cases

was so profuse as to resemble measles at a superficial glance. Two patients had relapses which occurred after an absence of fever for ten days. I generally found them free from fever in the morning for a few days about the end of the third week.

In closely watching these cases with a deep interest in the disease, I became convinced of the following practical points:

1. The early diagnosis of typhoid fever is impossible.
2. Different epidemics differ greatly in severity.
3. One attack affords but slight protection against another.
4. Epistaxis and diarrhoea, as early symptoms, are exceptions.
5. In a great majority of cases, the disease is ushered in by a chill.
6. The mortality is greatest among people in good financial condition.
7. Height of temperature is an uncertain guide as to the final termination.
8. Hemorrhage does not occur oftenest when the fever runs high.
9. The disease is strictly self-limited.
10. Digitalis is utterly useless in controlling the heart.
11. Strict antiseptics will prevent a spread of the disease—it is not contagious.

To dilate a little further on the summary of my observations, I would say, to prove that the early diagnosis of typhoid is impossible, I have but to appeal to every practitioner of many years' standing. He will tell me that often what he unhesitatingly pronounced typhoid ended in three or four days, and what he insisted was nothing but malaria proved to be typhoid in all its dreadfulness. I was called to see a girl ten years old, who had complained for two weeks, with a gradually increasing fever for six days. I found her with pulse 124, temperature 105°, bowels tympanitic and very tender; repeated epistaxis, a severe frontal headache, a peculiar muddy appearance of the skin. This happening in the midst of the epidemic, I pronounced the disease typhoid at the first visit—a thing I very seldom do. The child was in school in less than a week. Such cases as this were of frequent occurrence.

Before this epidemic, we had, in six years treated forty-four cases, all told, with two deaths—a mortality of four and a half per cent. In this epidemic it was 14 per cent. Quite a number who had undoubted typhoid say they had had it before. Of course we must take into account the possibility of a mistaken diagnosis. Several years ago I became convinced that epistaxis was not the rule, and have wondered why authors and lecturers so persistently set this down as a symptom. In all the cases during the epidemic, but one gave me a history of nose-

bleed at the first visit, and in but one or two did it occur after the first visit.

I think I may safely say that 85 per cent. of the cases were ushered in by a chill. Some had a single chill, others two, and others as many as five occurring at regular intervals. True, we were in a malarious country, and it is probable that latent malaria develops itself when the system becomes reduced by the incipient typhoid, thus masking the latter. Hence our misnomer — typho-malarial. I have seen the disease in all grades of society, but never saw but one death among the lowly. I have seen them recover amid squalor, filth, and negligence, and they die oftenest when surrounded with luxury and all that we as physicians can ask in the way of nursing. Hence I say the mortality is greatest among people who are in good financial condition. One physician suggested an explanation of this fact by saying that probably in our anxiety to save the good-paying patient we do too much. His inference was that the more severely we leave these cases alone the better they get along. I cannot plead guilty to discriminating between the classes, neither am I guilty of over-dosage.

As to prognosis, I regard the height of the temperature as of very uncertain value, while the rapidity of the pulse is the best guide we have. A pulse continuing over 100 for many days is a bad omen, and calls for something—not digitalis—to control it. I thus speak of digitalis from my personal experience. I have given it time and time again, and I find that I get *no* results till the effects come in such overwhelming quantity that I wish I had given nature still another chance. For instance, a young woman was having a pulse day after day of 108. I began giving tincture of digitalis, increasing it each day, for the pulse gradually went up, till she took two drachms each day. Finally, one evening her pulse was 120. I again increased the digitalis. Next morning it was 75 and slightly irregular. That evening it was 47 and very irregular. I stopped the drug when the pulse went to 75, but it went on down to 42, and became so irregular both in time and force that the normal heart-sounds were indistinguishable. It continued thus for two weeks, and then went up to 108. Patient recovered. This did not occur in one patient alone, but the experience was repeated each time I pushed the digitalis.

Before this epidemic, I had treated several cases that were complicated with intestinal hemorrhage, and all recovered. I began to think with Flint that if it had any influence

in the prognosis it made it more favorable. But in this epidemic the first three cases of hemorrhage died. Then I began to think that hemorrhage increased the danger about one hundred times. The fatal cases of hemorrhage occurred in cases that had previously been noted for a low temperature—not for a high temperature, as is stated by most authors.

The popular belief that it is a contagious disease still survives in the prejudices of those who do not make it a study. The people of our village will tolerate any number of cases of intermittent or remittent, or pneumonia, or rheumatism, in the same family at the same time, without believing them contagious. But let even two cases of typhoid occur in the same family, and they are for ever afterward cited as evidence of the contagiousness of the disease. I had abundant evidence during this epidemic to fully convince me of the non-contagiousness and the mere infectiousness of the disease. In those families in which disinfection was least observed, the greatest number of cases occurred, while in those families in which we had full control of the disinfecting, or rather our orders for disinfecting were fully carried out, but one case occurred.

We had no stereotyped course of treatment, but met each case as it presented itself. I think we got good results in controlling the diarrhoea with naphthaline. Antifebrine in most cases added to the comfort of the patient if given when the temperature was high, but if pushed it invariably caused depression, cold extremities, with general shivering.

REPORT OF A CASE OF FECAL ACCUMULATION AND CONSEQUENT OBSTRUCTION FOLLOWING LAP-AROTOMY.

BY CHARLES B. PENROSE, Ph.D., M.D.,
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The following case is reported because it serves to illustrate the danger of permitting the bowels to become constipated immediately after an intra-peritoneal operation. F. L., aged 35. A small, weak, anæmic woman, with lateral spinal curvature and deformed pelvis. Had one child three years ago at seven months, premature labor having been induced by Dr. Bernardy, on account of the pelvic deformity.

She was operated upon by the writer at the Gynecean Hospital, February 18, 1888,

for the removal of a small ovarian cyst on the right side.

The operation was simple, and the convalescence very easy. The bowels were moved by enema on the third day, and after that regularly every one or two days, until the fifteenth day after operation, when she was allowed to get out of bed, and ceased to be under strict medical supervision. She then became constipated, and neglected to call the attention of the nurse or medical attendant to the condition of her bowels until eight days had passed without her having an evacuation.

She then presented the following symptoms: Tongue pasty, white on edges, black in centre; pulse 120; temperature 101°. There was continual nausea and occasional vomiting. She suffered from attacks of tenesmus following the discharge, by rectum, of small quantities of blood-streaked mucus. No feces were passed. There was very slight abdominal distension and tympany, and no general abdominal pain. Lying immediately under the parietes and to the right of the scar of the abdominal incision was a very tender movable mass, about the size of a child's head. The consistency of the mass could not be determined by palpation on account of the great tenderness.

The diagnosis of fecal impaction, probably in a mass of adherent intestines, was made, and she was treated with frequently repeated small doses of calomel and large rectal injections of warm water administered in the knee-chest position. During the first two days of this treatment, many small hard lumps of feces were discharged, and the abdominal tumor became less tender and diminished in size. The discharge of mucus, and the tenesmus also diminished. On the third day, the bowels began to move of themselves, there being six or eight large naturally formed movements daily for three or four days. The abdominal tumor rapidly decreased in size, and had disappeared by the eighth day after it had first been observed.

The further convalescence was uneventful.

The tendency to constipation, accumulation of feces, and consequent intestinal obstruction, which follows laparotomy, and which was so marked in the case just recorded, is in most instances due to slight peritoneal adhesions which occur between loops of intestine. These adhesions, by matting together segments of bowel, not only interfere with proper peristaltic motion, but also favor the production of sharp flex-

ures or kinks, which seriously impede the flow of the intestinal contents.

In most cases of abdominal section, few, if any, intestinal adhesions occur. The most frequent position of these adhesions is along the line of incision, or to the pedicle of a tumor. Adhesions to the incision are, to a great extent, excluded if the omentum is swept well down before closing the abdominal wound; and, if the bowels are kept freely moved from the second or third day after operation, any adhesions which have formed, either to the abdominal wound or between loops of intestine, will probably be broken up.

In other cases of abdominal section, however, where there has been much exposure or irritation of the peritoneum, some local, if not general, adhesive peritonitis is very common, and the consequent matting together of loops of intestine is the cause of subsequent trouble. The practice of free abdominal irrigation before closing the incision in such cases does much toward preventing these adhesions. But, after this irrigation, the usual procedure of sponging dry the peritoneum is to be avoided.

Such sponging is not only unnecessary, but it is often deleterious; the irritated peritoneal surfaces being more likely to adhere when dry and in close contact, than when surrounded by an unirritating fluid. For this reason, it is best in such cases to make no final sponging, but to leave a quantity of clean water in the abdomen when the incision is closed. The quantity of water which can be thus left depends altogether upon the rigidity of the parietes and the condition of the intestines as regards distension.

In all cases, the early administration of purgatives, and their continued use, if necessary after the patient is out of bed, will tend to prevent and to overcome this form of intestinal obstruction, which is not an uncommon sequel of laparotomy.

CASE OF FECAL ABSCESS.

BY A. NOEL SMITH, M.D.,
DOVER, N. H.

There is perhaps no region of the body in which diagnosis is more difficult than it is in certain parts covered by the abdominal parietes. In the inguinal region, for example, how many surgeons have made false steps, where so much depends upon an early and correct diagnosis, in order that suitable treatment may be inaugurated. We some-

times see a case presenting quite an enlargement in the neighborhood of Poupart's ligament. To listen to some surgeons and surgical writers, we might be led to believe it easy to distinguish between femoral and inguinal hernias; but in *practice*, a mistake is quite often made. So, then, if we diagnose hernia, we have yet to say whether it is femoral or inguinal. But then we also get here "enlarged and inflamed glands, which may be attended with symptoms of disturbance of the alimentary canal, so as to simulate hernial conditions."

Again, there may be a deeply seated abscess pointing in this region. Thus it is we often meet with obscure cases in practice which give us much anxiety, until lapse of time and absence of peculiar symptoms exclude the graver conditions of hernias, etc.

Abscesses forming in the *right* iliac region, as the result of a foreign body in the appendix vermiformis, are not very rare. We have all seen cases recorded, if we have not met them in our professional life, of patients who presented symptoms of hernia, and who finally had abscesses form in the right iliac region, from which cherry-stones or other foreign bodies were discharged.

But it is seldom the case that we find foreign bodies lodged in any other part of the large bowel, which at length lead to perforation, and the formation of abscesses. One author states: "There are three conditions under which a foreign body which has passed through the length of the alimentary canal may become retained in the colon, sigmoid flexure, or rectum. These are (1) when solid fecal matter is deposited around the foreign body; (2) when owing to its shape the foreign body sticks into the wall of the gut, or becomes fixed across its lumen; and (3) when any constriction of the bowel exists."

Whenever fecal abscess occurs, one of two things is true: either the fecal matter has passed through an opening in the bowel, and by its irritating presence set up the surrounding inflammatory action, or the abscess was originally formed outside the gut, and has ulcerated through into the intestine. Thus the fecal element in the case is somewhat of the nature of an accident, just as, to quote another, "the opening of an abscess into an artery, vein, or joint is an accidental complication."

The causes of fecal abscess will readily suggest themselves. Cancer is considered the most common of all causes, and, after this, on the right side, diseases of the vermiform appendix. Ulcers of the bowel may prove a

cause, whether simple or tubercular in their nature. Gall-stones may sometimes ulcerate through; and then, as already intimated, foreign bodies may by their confined presence press through the walls, and a circumscribed inflammation with abscess result.

I will at this point note a case occurring in my practice in the early autumn of 1887. My patient was an unmarried woman about sixty years old. Her previous history was excellent. I was called to see her September 19, 1887. She had noticed for two days an enlargement and tenderness in the left inguinal region. I found upon examination the swelling, as described, quite large, hard throughout its extent, and not movable. The patient's bowels were constipated.

I could not arrive at a diagnosis, but deemed it one of three things: inguinal hernia, femoral hernia, or abscess. My opinion inclined to the latter. I gave calcium sulphide, gr. 1-10, every hour, and used locally an ointment composed of fluid extract of belladonna and agnina.

September 20.—Patient no better. Slight movement of bowels from enemata. Same treatment continued. I did not think it a case of hernia, because there was no nausea, vomiting, pain about the navel, nor any other symptom of hernia.

September 21.—Patient had three spontaneous movements of bowels, relieving anxiety as regarded strangulated hernia. As there was with me now no doubt of abscess, I began to poultice, giving quinine in tonic doses, and morphia with atropia, to relieve pain and secure rest. Also ordered milk diet. There was no particular change for some days, the parts growing gradually redder and more discolored. On September 28, there was quite marked bulging, but the swelling was tense. The next day, the tumor was softer in places; but I could not detect fluctuation. On September 30, it was more tense, if anything, and the bulging was more marked.

On October 1, I made an incision through the skin in the centre of the tumor, just above Poupart's ligament, after injecting cocaine. I inserted dressing-forceps in the wound, and separated the blades, after Hilton's method. Upon doing so, to my surprise, quite a quantity of fetid gas escaped with force sufficient to spray the blood from the opening, and with quite a sharp report, which startled the patient.

The tumor, which had extended upward to the crest of the ilium, was now a trifle less tense, and I got crepitation.

At my evening visit, I again dilated the opening with the forceps, and a dark, feculent, very offensive discharge followed. I continued poulticing through the next day, when I enlarged the opening and irrigated the cavity well with a wash of corrosive sublimate (1-10,000), inserting a rubber drainage-tube. There was now no change in discharge, which was just as feculent as before. There was a natural movement of bowels at this time, with a slight admixture of abscess material. Up to the day of opening the abscess, the temperature ranged from 100° to 102° F., and the pulse from 90 to 100. On the third day after, there was no pain, and in the morning the temperature was 99°, the pulse 84, while at 6 P.M. the temperature was 101°, and the pulse 100, and the patient was taking nourishment well.

On October 14, after ten days during which the wound cleared up somewhat, the pulse was 104, the temperature 99½°. There was on this day a movement of the bowels, and a large fecal discharge from the wound. The next day, there was no fecal matter in the discharge; the patient felt pretty well, and the wound looked better. I now ordered an enema to be given daily to keep the rectum and the lower portion of the colon free, and strictly enjoined the recumbent dorsal position. From this time on, the patient gradually improved, no more feces being discharged through the abscess wound, and regular movements of the bowels being secured by means of injections. I made my last visit November 18, and found the fistulous openings nearly closed. The patient was soon after fully recovered, and she remains, at this writing, June 1, 1888, in a healthy condition.

Now what was the cause of the abscess in this case? And what was the cause of the fecal complication?

In the management of the case, I found no foreign body in the discharges, although of course one may have been present and escaped notice. Had the abscess been located in the *right* inguinal region, over the site of the cæcum, I should have regarded the deposit of some substance in the appendix as the exciting cause. And, although I had no positive evidence of the presence of a foreign body, I am rather inclined to the opinion that some foreign substance *was* the cause of the abscess, as most other causes were eliminated by the process of exclusion. It seems to me, moreover, that the point at which perforation took place must have been the sigmoid flexure of

the colon; because of its situation, and because of the large quantity of feces which was discharged from the wound on October 14. This discharge was characteristic of the contents of the colon; indeed, it would have passed well for the usual evacuation from the rectum. Certainly it would have been impossible to have obtained such matter from the small intestine. Taking into consideration the situation of the abscess, as also its character, the case seemed to me of sufficient interest to report.

Then the patient was very fortunate in being able to make so speedy and complete a recovery. Usually in such cases, if full restoration to health takes place, convalescence is tardy and is attended with much inconvenience and discomfort. A case is on record, I am well aware, in which a woman had an abscess opened in the left groin, and eighty ounces of feces came away through the incision, and a very speedy recovery ensued. But this is exceptional. The reporter of the case says: "The above is the only instance we remember in which, some days after the opening of an abscess in the loin, the contents of the intestine came away through the wound, and then the opening in the gut closed completely and permanently, and the patient recovered entirely in three weeks."

I find another case, recorded by a Dr. Thurman, the cause of death clearly determining the cause of the abscess. This abscess formed over the transverse colon, pointing just below the umbilicus. When it was opened, as in my own case, "gas and fetid feculent matter escaped, pus and coagula being mixed with the feces." This patient died soon afterward, of cancer.

The prognosis in abscesses of the abdomen is more unfavorable when they become fecal in character, and they are more or less grave, of course, in accordance with their location.

The treatment of fecal abscess should be conducted upon general and well-established principles, varied only to meet the peculiar requirements of each case. Very active surgical interference is advocated by some, among whom is Mr. Lawson Tait, who thinks that no case should be allowed to run for any length of time after feces have been discovered mixed with the pus. He thinks that the abdomen ought to be opened immediately, and the source of the trouble ascertained and removed. He does not fear interference with the peritoneum. But, unfortunately for both ourselves and our patients, we are not all so confident.

RUPTURE OF STOMACH FROM EXTERNAL VIOLENCE. DEATH IN TWELVE HOURS.

BY O. C. STRICKLER, M.D.,
NEW ULM, MINNESOTA.

On April 21, I was called to see J. M., 65 years old, German, who, while splitting wood a short time before, had accidentally struck himself on the stomach with the handle of an axe. I found a somewhat feeble-looking old man lying in bed in a semi-recumbent position, complaining of very severe gastric and abdominal pain, and in a very weak and collapsed condition.

On inquiry, I found that the patient had suffered with an acute gastric disorder six years before, since which time he had been in quite delicate health, with a difficulty in digesting coarse food. The patient stated that at the time of the injury he felt a sensation as of something tearing in his stomach, and immediately afterward was seized with severe burning pain in the abdomen. This, with the general collapsed condition of the patient, led me to make a diagnosis of rupture of the stomach, and, on account of the opposition to any operative interference, a positively fatal prognosis.

The wife of the unfortunate man laughed at the idea of anything serious resulting from so simple an injury, especially as since his former illness he had had frequent attacks of gastric disorder of a painful nature, and in all he had recovered without medical aid. I explained what in my opinion was the nature of the injury and the inevitably fatal result without operation, but without producing any effect.

I prescribed morphia to relieve the terrible sufferings, and with so much relief that the friends again doubted the correctness of the diagnosis; but in a few hours the symptoms again became grave, vomiting ensued, and death occurred in about twelve hours from the reception of the injury.

At the *post-mortem*, six hours after death, rigor mortis was well developed; nothing else external is worthy of note. Dr. L. A. Fritsche kindly consented to perform the dissection. On opening the peritoneal cavity, a large amount of greenish fluid was seen, with shreds of mucous tissue, showing that the supposition of rupture in some portion of the alimentary canal had been correct. The great omentum presented a very congested appearance, and on further examination a rupture of its substance, sufficiently large to admit a finger, was dis-

covered. After close search and inflation of the stomach, a rupture in the smaller curvature near the pyloric orifice was found.

No malignant disease was found in the stomach or other abdominal organs, but, from the appearance of the gastric mucous membrane, I am led to believe that the trouble from which the patient had suffered six years before was of an ulcerous nature, with subsequent gastritis, as points resembling cicatrices were discovered near the pyloric orifice.

I do not think, considering the condition of the stomach *post mortem*, that, had the friends consented to an operation, the result would have been different; and yet this was the only resort offering the possibility of recovery. It is certainly peculiar that a person in so feeble a condition before the accident could so long withstand the severe pain and shock necessarily following so serious an injury.

"POLYCLINIC CARRIAGE" FOR EXTENSION AND COUNTER-EXTENSION.

BY A. B. HIRSH, M.D.,
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This simple apparatus is designed to keep up continuous traction—therefore, rest—whilst permitting an out-of-door atmosphere. Its first occupant was a stout two-year-old boy, of the flaxen-haired strumous type, the subject of incipient coxalgia.



The value of complete rest in bed, in this disease, and the difficulty, frequently met in practice, of obtaining good hygienic surroundings in so many homes, especially in the stifling city summer season, are familiar facts; so this "carriage" was planned to meet these objects.

Reference to the cut shows an ordinary wickerwork perambulator, the body of which has been lengthened to fit the size of the patient, by dividing vertically and exactly in the middle, the head and foot pieces, which are then straightened out and a new bottom

made—neat wooden painted boards being inserted to fill the spaces at each end. Inside the entire length of the bottom of the body is placed an inclined plane of very light pine board, which rests in front on a block some two inches high and is covered by a light hair mattress and pillow.

The ordinary adhesive strap and stirrup apparatus having been applied on the limb up to the hip (in this case the left one), a cord is fastened to the stirrup, passing through two screw-eyes in the footboard, one opposite the instep and the other at the right-hand angle. Then the cord passes backward to a heavy rubber band attached to a hook screwed into the headboard, alongside and above the child—a weight of three to five pounds being gained by the band's being lengthened twelve to fifteen inches. Any increase of traction can be made by simply further stretching this band, originally intended for closing the opened door.

It was my intention to pass the cord from the stirrup through the footboard and under the body of the carriage, so as to attach a weight; but it is to Dr. H. Augustus Wilson I must acknowledge heartiest thanks for the suggestion of the screw-eyes and rubber band. His improvement, besides simplifying the apparatus and making it more sightly, lies in the important fact that by its use he prevents the otherwise unavoidably painful jarring which is made in passing over gutters and all other uneven surfaces.

In a similar coach since made, I obtained a greater inclination backward by simply screwing a hook underneath the body and fastening another heavy rubber band from it around the rear axle.

The idea can of course be elaborated for more fastidious patients, as the parts needed for the coach are supplied in Philadelphia by Gustavus A. Gefvert, orthopædic mechanist, 250 North Fifteenth Street, and Messrs. Charles Lentz & Sons, 18 North Eleventh Street.

2130 Master Street.

PATENT MEDICINE MAN (to editor)—“You made a nice mess of that testimonial advertisement.” *Editor*—“How?” *Patent Medicine Man*—“John Smith wrote: ‘Your Live Forever Pellets are doing me a great deal of good. Send me another box;’ and I told you to give it a prominent place.” *Editor*—“I did—immediately preceding the death-notices.” *Patent Medicine Man*—“Yes, and the first death-notice on the list was that of John Smith!”—*Tid-Bits*.

SOCIETY REPORTS.

NEW YORK SOCIETY OF MEDICAL JURISPRUDENCE AND STATE MEDICINE.

Stated Meeting, June 15, 1888.

The Ethics of Opium Habitues.

DR. J. B. MATTISON, of Brooklyn, read the first paper. It was a common opinion, he said, that all opium habitues were liars. He had long held that this view was a mistaken one. In the ranks of these unfortunates, there were some who scorned deceit. His answer to the question Why do men take opium? was that which had been given by an eminent physician many years ago: They took it for a physical necessity. His remarks applied, he said, only to the better class of opium habitues, who, in nearly all instances, had commenced the habit because of a painful disorder of the body or mind. The drug was very commonly first prescribed by a physician who failed too often to place sufficient safeguards around its use, and to warn the patient against its dangers. Granting a painful physical necessity, and the daily or semi-daily use of the drug for weeks or months, and there were very few who could withstand its power. He had seen a man who had faced the cold and hardships of an Arctic expedition, succumb to the influence of opium in four weeks. It was a very common belief that the opium habit was due generally to a vicious tendency, and the subjects of it were ostracized from good society. Thus, when they lied regarding their habit, it was due to the principle of self-protection. But, notwithstanding the disgrace which they would rest under should their habit become known, there were many who refused to take refuge behind the subterfuge of a lie justified through self-protection. He had often found opium habitues who were strict followers of the truth. The commonly accepted view that these people were victims to their own wrong-doing prevented the adoption of correct treatment and led the patients themselves to regard their condition as hopeless. He read part of a letter from a woman who had been cured of the habit, telling of the great difficulty she had experienced in convincing her old neighbors that she had ceased the use of the drug.

DR. MCLAURY's experience had been that the use of opium had a decided tendency to lower the moral tone and also the judgment

of its victims. He thought the drug had a worse effect in that respect than in any other.

DR. E. C. SPITZKA said it was the first time in his experience that, in the discussion of a medical topic, a better and a poorer class of patients had been spoken of. He did not think it was the experience of any present that the "better class," whether so distinguished because of education, wealth, or social recognition, were less given to animal indulgence than the poorer class. The paper further suffered in that the author had failed to define the meaning of "better class." He had stated that these people lied for self-protection; but, to carry such an argument to its legitimate conclusion, theft, gambling, and almost any crime could be excused on the same ground.

It was true that physicians of experience had very generally called attention to the fact that the opium habitué was a liar; but the reason for his being so was not that he was an opium habitué, but because his *morale* suffered under the influence of the drug, as it did under the influence of chloral, hashish, etc. Dr. Spitzka said that in the great majority of cases the opium habit was contracted through a selfish purpose or vicious tendency, and long after medical indications for its use had ceased to operate. Nine out of ten persons who applied for admission to homes for opium habitués were those who had become acquainted with the drug as doctors, nurses, or attendants in hospitals, not through taking it for long suffering. But the claim had not been made by any scientific authority that the opium habitué was always an habitual liar. Regarding another point touched upon, he might say that in his opinion not more than five out of a thousand persons who had habitually used opium for more than six months could ever free themselves from the trammels of the drug. It was certainly the most fascinating narcotic which had ever been presented to the human species. One of its principal dangers was that the system could become adapted to it. The drug was capable of influencing the descendants of its habitués to an almost incredible degree. Children born of mothers who used morphine became affected soon after birth with delirium and symptoms manifested by those deprived of their accustomed large quantity of alcoholic spirits, and, unless they received morphine, they would die. He thought the paper would have rendered a far better service had it directed attention to the disgusting and demoralizing

aspect of the question, instead of placating the vice.

DR. WOOD said that according to his observation persons who were opium habitués were liars with regard to their habit as long as they continued it, but when they entered an institution for treatment, or had become cured, they became as truthful as other people. He thought the habit was not increasing in this country in proportion to the increase in population.

DR. NATHAN BRILL endorsed what Dr. Spitzka had said, and added that opium habitués first lied about their habit, and, as their friends tried to reform them, they soon began to look upon them as enemies, and lied about other things. No other drug had as great an influence on the moral sense, and this influence he believed was transmitted from generation to generation.

WILLIAM A. PURRINGTON, Esq., read a paper on

The Desirable and the Practicable in Legislation Regulating the Practice of Physic and Surgery.

There were persons, he said, who believed the world was governed too much; there were others who would legislate to regulate the fee and the dose of medicine in every case. In considering the practical in medical legislation, it should be remembered that no law could be efficiently administered to which the people generally were opposed. In fact, public need and demand were always in advance of an enforceable law. What is particularly necessary in a medical law is that it should strike the community, especially those entrusted with its enforcement, as being fair. The law should not attempt to decide what is regular and what is irregular medical practice. It should only make general rules, establish certain requirements, and not decide that one sect and not another had a right to practice. But it had been pretty well established that an educational qualification was universally desirable and therefore practicable in any medical law. Such a qualification would not prevent one from practicing homœopathy or other method, although it might result in there being fewer homœopaths. It is desirable to have the examining board independent of the teaching board. All medical legislation should be in the interest of the people, and not class legislation favoring the doctors.

Mr. Purrington, it may be stated, is the very able counselor of the Medical Society of the County of New York.

SPECIAL CORRESPONDENCE.

MEDICAL JOTTINGS FROM THE OCCIDENT.

SAN FRANCISCO, CAL., May 25, 1888.

I have just returned from a trip over the "Sierras" into Nevada, among the Humboldt Mountains—500 miles from San Francisco—to see a patient. This is a country of magnificent distances; counties as big as States; States as large as empires. In truth, visits of five miles in the East have been attended with more discomfort to me than this run over into our sister State. It is surprising the distances doctors often make in visiting in the sparsely-settled West. From Rye Patch, Nevada—where I visited—it is usual to send to Reno, over one hundred miles away, for a physician. In some parts of the mining-districts, a doctor is engaged to live among the miners, each paying a dollar a month toward his maintenance—the income averaging \$1,200 a year.

The climate now and through the summer, on the plateau of Nevada, is bracing and delightful. A tired-out doctor or a nerve-worn patient would find Reno, at the base of the Sierras, or Truckee, on the slope, or Lake Tahoe, most pleasant and healthful.

We certainly can claim a glorious climate on the Pacific Slope; but some people, among whom are certain physicians, have an exalted opinion of its curative value.

On my way home from Nevada, there was a lad of eighteen years, in the very last stages of consumption, aboard the train, *en route* for California, sent out, as he says, by friends and *his doctor*. Now, this is crowding climate a little too hard. It was a sickening sight to see the utter helplessness of this poor boy, depending upon the sympathy of travelers for his every want and movement—filled with false hope—deluded into the belief that California is the consumptive's paradise—once here, all would be well. What a pity he cannot die among friends and relatives. He will swell our already heavy death-rate from phthisis pulmonalis; for it is a fact that the death-rate from lung-diseases stands at the highest in San Francisco. It is true, many of the cases are imported; nevertheless, it is a proof that the climate did not heal. Each county in this State, through the circulars of the Board of Trade, goes into particulars of the peculiar virtue of its especial climate. The entire subject of climate in California, however, can be made

very simple. The daily *Call*, in commenting on

"California as a Sanitarium,"

Quotes Dr. J. W. Robertson, Assistant Physician of the Napa Asylum, as saying: "In this State there are three distinct belts of climate, with wholly different therapeutic influences. Invalids who would derive benefit from one of the three might be unfavorably affected by the two others." Dr. Robertson classifies them as coast, valley, and mountain, and explains the qualities of each:

"The coast-belt extends over eight degrees of latitude, but is only from ten to twenty miles wide. In it, snow is phenomenal and frost rare, and, owing to the Japan current, it enjoys a temperature more uniform throughout the year than that of any other part of the world of equal size. Winter is warm and summer is cool, and the fresh salt air from the sea acts like a tonic on the system. It goes without saying that such a climate must be beneficial to a large class of invalids. But it is not without its drawbacks. The fierce heat of the Sacramento and San Joaquin valleys rarefies the atmosphere and causes a constant rush of sea-air through the Golden Gate to fill the vacuum; hence, for several months in summer, clouds of sand and dust sweep through the streets of San Francisco, and all along the coast-line damp fogs roll in, which chill the invalid to the marrow. These conditions indicate the class of invalids who are likely to benefit by a residence on the coast. Such are especially persons suffering with malaria in any form. Malaria does not originate here, and, when brought here, it usually succumbs to the climate, without medicine. It has also been noticed that patients attacked with kidney-troubles, or suffering with visceral lesions resulting more or less indirectly from malaria, derive benefit from a residence on the coast. Along the whole coast, except in large cities, endemic and epidemic diseases are unknown; and, if there is any merit in the theory that the searching west winds blowing in from the sea act as a germicide, all diseases of bacillary origin should be checked by a residence on this coast. On the other hand, there is no doubt that the coast-climate is injurious to invalids suffering with rheumatic troubles. These seem to be aggravated by the harsh winds and the raw fogs. It has also been noticed that the coast-climate affects unfavorably patients suffering with biliary diseases.

"The therapeutic quality of the two other belts is more easily determined. The

mountain-belt can safely be recommended in almost all diseases; its pure air, its bracing winds, its cool temperature, and, if used discreetly, its mineral waters, are almost always beneficial. The valley-belt has the disadvantage of combining excessive heat, and, in certain locations, malaria, and not infrequently diphtheria and other endemic diseases; the judicious searcher for health will select, if he prefers that belt, locations sufficiently elevated to be beyond the reach of miasma, and free from the exhausting heat of the plains."

In commenting on California as a sanitarium for consumptives, Dr. Robertson pointedly observes that, if consumption proceeds from the presence of a disease-germ, a germicide, and not a climate, is essential for a cure. Still, there is no doubt that consumptives in the incipient stage do derive benefit from a residence in parts of California. The place to choose is one of the health-resorts which have been established in the interior valleys, some two or three thousand feet above the sea, where outdoor exercise is possible in all weathers, and the air, naturally pure, is impregnated with the balsam of pine and fir trees. In such resorts, consumptives may recover perfect health, or, at any rate, may enjoy many more years of life than they would have had in any of the States of the East.

A peculiar effect of the climate in San Francisco is to twist about the medical courses. The announcement of the Cooper Medical College says:

"The regular course commences on the first Monday of June of each year, and continues until November. It is thus a summer course, contrary to general usage. In San Francisco, the disadvantages attendant upon such a plan do not exist. The heat is never oppressive or enervating; on the contrary, the sea-winds are bracing and invigorating. There are no rains during the lecture-months; the atmosphere is dry, and temperature rarely above 70°, while it ranges considerably lower. These circumstances tend to prevent decomposition, and add many advantages to the prosecution of dissection."

This same plan holds true of the medical department of the University of California. Both of these schools demand a three years' course.

There is also a Hahnemann Medical College in this city; but, from all I can learn, it cuts a very small figure. In fact, homœopathy does not seem to be in a vigorous condition here. It is customary in the East to speak of the great popularity of this

"ism" in the West. I am quite sure that the cream of the practice in San Francisco is in the hands of the regulars, and, after them, of the traveling quacks.

The town has just been visited by a graduate of the Women's Medical College of Pennsylvania—a lecturing-tour, with visits at the hotel; and, I understand, she claims in a few weeks to have carried \$20,000 away.

Yours truly,

C. C. VANDERBECK, M.D.

PERISCOPE.

Case of Charcot's Disease.

At the meeting of the Medical Society of London, March 26, 1888, Dr. C. E. Beevor showed a patient fifty-three years old, a carpenter, who was suffering from locomotor ataxia with disease of the left shoulder-joint. There was no history of syphilis. Two years ago, he suffered from weakness and giddiness, with shooting pains in the legs and then in the arms; for eighteen months he had been subject to frequent flatulence and eructations; for one year he had difficulty in walking in the dark; and for the last four days he had œdema of the left arm. At present he had only slight staggering with the eyes shut and was unable to walk "toe and heel" along a straight line; he had slight lightning pains in the legs, and especially in the arms, and sometimes also in the head. The pupils were small; they reacted to accommodation, but not to light; the knee-jerks were absent, and there was no anæsthesia of the legs. Eight weeks before (January 30), the patient noticed that the left shoulder began to swell, but without pain; he never had suffered any injury in it. At the time of the report (March 26), the joint was much enlarged, distended with fluid, and grating could be obtained; the head of the humerus could be felt with difficulty, but it did not seem to be wasted. The disease probably involved especially the upper part of the cord, as shown by the lightning pains in the arms and head, the slight amount of staggering with the eyes shut, the absence of anæsthesia in the legs, and the affection of the shoulder-joint. He had no attacks of vomiting, but suffered from frequent flatulence.—*Lancet*, March 31, 1888.

Spontaneous Evolution of Face Presentation into Vertex Presentation.

Frömel reports in the *Wiener med. Presse*, February 12, 1888, the following case from

the obstetrical wards of Prof. Breisky. A multipara, whose previous labors had been normal, presented, when admitted to the hospital, the following points of clinical interest: Examination of the pelvis showed a slight contraction of the external diagonal conjugate; the promontory of the sacrum was readily reached; the uterus was deflected to the mother's right side; the back of the child was on the mother's left side, the face presented, the forehead being on the left side and the chin directly opposite upon the right; the head was high in the pelvis and freely movable.

The patient was ordered to lie on her left side, to rectify the position of the uterus. Three hours after the first examination, the membranes ruptured spontaneously, and the vertex presented, in first position, with the right arm. While efforts were being made to replace the arm, delivery occurred spontaneously. Frömel thinks that the following predisposing causes of face presentation were present in this case: The patient was a multipara; the uterus was deviated from its normal position toward the mother's right side; the head was large, and, while the membranes were intact, it remained obliquely at the superior strait, its posterior circumference resting against the left ilium; the occiput thus encountered greater resistance than the forehead, which descended first; prolapse of the arm was present; the head was large, but not dolichocephalic; the liquor amnii was abundant. The evolution of the face into the vertex presentation was effected by the contraction of the distended uterine muscle upon its left side, and favored by the position which the patient assumed, lying on her left side.—*American Journal of the Med. Sciences*, April, 1888.

Influence of Turpentine upon the Blood and Nutrition.

At the meeting of the Therapeutical Society of Paris, April 11, 1888, M. Brémond made a communication upon the influence of the turpentine treatment upon the richness of the blood in oxyhæmoglobin and upon the activity of reduction of this oxyhæmoglobin. He reported observations made upon three phthisical patients, who had undergone the turpentine treatment. The blood was examined by M. Hénocque in two of these patients, and the clinical results of the treatment were controlled by Dr. Fernet. The quantity of oxyhæmoglobin, its activity of reduction, and the weight of the patients were carefully noted

during the continuance of the treatment. Microscopic examination of the sputa showed a marked diminution, and even a disappearance, of the bacilli which were present at the beginning. The increase of oxyhæmoglobin in these three observations confirms the opinion of M. Brémond as to the good effects upon nutrition of the turpentine treatment. These good effects are the result of more exact oxidation, due to a transformation of the oxygen of the blood into ozone by the turpentine which has penetrated into the torrent of the circulation.—*Gazette Hebdomadaire*, April 27, 1888.

Overwork of the Heart in Apprentices.

At the meeting of the Society of Public Medicine and Professional Hygiene, March 28, 1888, M. Layet, of Bordeaux, stated that he had had several recoveries from purely functional cardiac troubles occurring in young workmen of fourteen or seventeen years of age. They occur nearly always, he says, as the sequel of fatigue caused by work, without this work having been beyond the strength of the young men. It ceases upon rest, and reappears when the work is resumed and continued.

M. Layet explains this affection by saying that at the period of puberty the heart grows especially in volume, and this is the more rapid according as the period of the establishment of puberty is itself more rapid. Moreover, at this time the organism is in a condition in which it is less able to resist fatigue. It therefore follows that any work tending to increase the functional movement of the heart during this period can but favor the physiological tendency of this organ to dilate, and dilate at the expense of its contractile power, hence the signs of a nervous exhaustion, and not those arising from organic wear and tear.—*Bulletin Médical*, April 22, 1888.

Spontaneous Hemorrhage from a Normal Conjunctiva.

Perlia reports to the *Münchener Med. Wochenschrift*, No. 8, 1888, the case of a domestic, seventeen years old, who was subject to bleeding from the left conjunctiva; this occurred since she was two years old, upon severe bodily exertion, especially in a stooping posture. Violent beating of the heart and dizziness preceded it, and there was dysmenorrhœa. During the bleeding the color of the face was cyanotic, and the venous plexus of the conjunctiva was strongly

injected. The blood flowed from a large vein over the little lachrymal sac close to the middle palpebral ligament. By correcting the condition of the body, the bleeding ceased after some time. Perlia, in the absence of any local cause to account for the hemorrhage, believes that it must be referred to the dysmenorrhœa, as both happened at the same time at the beginning of puberty, and also, as is well known, congestions about the head are frequently connected with anomalies of menstruation.—*Centralblatt für die med. Wissenschaften*, May 12, 1888.

Nodular Rheumatism and Muscular Atrophy.

It has been asserted by Charcot, says the *Lancet*, June 2, 1888, that there exists no necessary relation between the intensity of the articular disease and the atrophic changes in the muscles. Parizot, basing his conclusions on a large number of facts, admits that a simple hydrarthrosis, neither inflammatory nor painful, may be followed by muscular atrophy in all respects like that which accompanies the most intense forms of arthritis. In these cases the rule is to find no reaction of degeneration, but marked exaggeration of the reflexes, indicating an excessive excitability of the spinal cord. These facts were well attested and confirmed by the paper communicated to the Royal Medical and Chirurgical Society by Dr. Archibald Garrod. Ollier and Mondan believed that functional inertia, as well as nutritive derangements in the epiphyses, accounted for the amyotrophy. But Sir James Paget long ago showed that mere disuse was insufficient to account for the atrophy resulting from surgical diseases of bone. Mayet and Cuilleret believe that there are nervous lesions to account for the amyotrophy.

Cancer of the Stomach in a Girl Seventeen Years Old.

H Köster, in reporting this case in the *Upsala Lakäre förenings Förhandlingar*, Bd. xxiii, Hef 4 und 5, remarks that the case deserves notice for the interest which it has as bearing upon modern operations on the stomach, and also for the rarity of cancer in a person so young. The patient, whose father had suffered from disease of the stomach, but who was otherwise free from hereditary taint, was taken sick early in 1887, with vomiting of blood, which, however, never had the well-known

coffee-ground appearance. Associated with the vomiting, which recurred at irregular intervals, were emaciation, and shortly before her admission to the hospital, May 8, an eruption of petechiæ scattered over her whole body. The stomach was decidedly dilated, and at times a tumor could be felt in the epigastrium; there was no tenderness or pain accompanying it. The gastric juice contained no free hydrochloric acid. There was some thickening in the right upper lobe of the lung, but the sputa contained no bacilli. Death occurred in the latter part of June, the patient then weighing 13.5 kilograms. At the autopsy, besides numerous nodules of cancer scattered over the peritoneum, there was found an ulcerating scirrhus of the pylorus, the canal of the latter being extremely narrowed. There were no other metastatic growths. In the right upper and middle lobes of the lung was found a decomposing thrombus.—*Centralblatt für Chirurgie*, May 19, 1888.

Pernicious Eclampsia.

At a recent meeting of the Imperial Royal Medical Society of Vienna, Professor Gustavus Braun reported a remarkable case which he had the opportunity of observing at his clinic, during the month of March of the current year. A woman, twenty-eight years old, who had already been confined twice, and frequently suffered from peculiar spasmodic attacks, was, on March 17, admitted into his clinic in an unconscious condition. She was then in the seventh month of pregnancy, and suffered with typical eclamptic attacks. The patient was exceedingly pale, with slow respiration; pulse, 68; she foamed at the mouth, and had bitten her nether lip. There was much albumin in the urine, and a few casts. As labor had already begun, and the cardiac sounds of the child could not be heard any longer, rapid delivery of the woman by operation was determined upon. The child was extracted, the placenta artificially displaced, and artificial respiration practiced upon the patient. Death, nevertheless, occurred, owing to pulmonary œdema. Dr. Paltauf reported on the results of the post-mortem examination of this interesting case. A great quantity of liquid blood was found in the abdominal cavity; the hepatic capsule was detached by a layer of blood. The liver was enlarged throughout; the hepatic tissue was yellow, and pervaded by small blood extravasations. Interstitial nephritis, cerebral œdema, and general

anæmia were, moreover, present. The blood was unusually liquid. Dr. Paltauf mentioned some similar recent observations, and quoted the publications of Virchow, of the years 1881 and 1882, on cases of poisoning with sea-mussels, in which similar changes of the liver as in the case above mentioned were found to be present. Dr. Braun excluded poisoning with phosphorus and the presence of pathogenic bacteria, and arrived at the conclusion that they had to deal with a peculiar case of pernicious eclampsia, which was probably due to poisoning. In such cases the chemical poison entered the intestine and the liver; it afterward gave origin to a capillary phlebitis, stasis, blood extravasations, and even to partial necrosis of the tissue. As nephritis was present in all these cases, an elimination of the poison could not take place, and rapid death, for this reason, invariably occurred. The detachment of the hepatic capsule and the hemorrhage into the abdominal cavity were to be explained by the changes of the liver and the results of the artificial respiration.—*Medical Press and Circular*, May 16, 1888.

Peculiar Form of Keratitis Occurring in Intermittent Fever.

Van Millingen describes in the *Centralblatt für Augenheilkunde* a peculiar form of inflammation of the cornea which occurs in intermittent fever. This manifests itself in the form of a superficial erosion at the temporal border or more rarely at some other peripheral part of the cornea; and this erosion is occasioned by loss of epithelium in a spot of irregular outline. The area so deprived of its epithelium is at first clear, but soon becomes cloudy and shows irregularities. By destruction of the epithelium at the border of the ulcer, the latter enlarges until it reaches or even passes beyond the pupillary area. Soon after complete destruction of the epithelium, deep infiltration occurs in the affected area. The ulcers which occur in the second stage of the disease have no disposition to perforate the cornea. Around the infiltrated spots are formed streaky, radiating, or stellate prolongations, which extend into the clear portions of the cornea. The iris and choroid take no share in the inflammation. The symptoms are different, according to the stage of the disease: in the beginning, there is local pain and a feeling as of a foreign body in the eye, together with lachrymation and dread of light; in the second stage, there is

ciliary neuralgia. The symptoms, however, in neither stage are constant, and even pain may be absent. A constant and very important symptom is anæsthesia of the cornea, which may even extend to unaffected parts of the latter, and which sometimes persists a long time after complete healing has occurred. The whole process is a sluggish one, the ulcer having a tendency to enlarge rapidly. A disposition to reparation is slow in making its appearance. The first indication of it is vascularization at the border. The result of the disease is very serious, as regards the function of the affected eye. A dense opacity of the central part of the cornea is a frequent result. Recovery occurs through cicatrization. Frequently large facets are left upon the cornea. The clear areas are beset with stellate opacities, so that there is little prospect of a successful result from an iridectomy. In all cases the connection of the affection with intermittent fever was proved, and recovery from the fever secured through the use of quinine, which also checked the progress of the eye-disease.—*Wiener med. Presse*, May 13, 1888.

Peculiar Syphilitic Affection of the Conjunctiva.

At the meeting of the Verein Deutscher Aerzte in Prag, March 16, 1888, Prof. Sattler stated that syphilis of the conjunctiva is extremely rare, as, among the many thousand patients seen by him, this affection had come under his notice but once. From the small number of trustworthy observations of this disease which have been made, it is learned that the affection occurs as the chancre, the papular syphilide, and the true gumma. In connection with the two cases of syphilitic conjunctivitis very recently communicated by Goldzieher, and with an older case of Macauley's, Sattler reported a singular observation which he had had the opportunity of making while he was assistant at the clinic of Arlt in 1873.

The patient was an anæmic woman, forty years old, whose pale but otherwise little-changed conjunctiva was occupied with a large number of granules of different sizes, which were seated in the conjunctival folds of both eyes. The affection was regarded as trachoma, and treated as such, but without success. When the patient subsequently came to the clinic, she presented pronounced symptoms of constitutional syphilis. Energetic antisiphilitic treatment caused the complete disappearance of the conjunctival affection. This cleared up the nature of

the disease, and, besides, a piece of tissue examined under the microscope showed a very different appearance from that seen in trachoma. The granula exhibited peculiar growths of endothelial elements.—*Wiener med. Presse*, May 6, 1888.

Mode of Action of Cocaine.

At the meeting of the Biological Society of Paris, May 5, 1888, M. Ch. Richet stated that he had been making some experiments to determine how the epileptic convulsions, which follow the administration of large doses of cocaine, are produced. He first found that the dose necessary to produce convulsions in the normal state was in the ratio of one-third of a grain to each kilogram of body-weight of the animal. Having cut the spinal cord before giving the drug, and found that the convulsions did not occur, it was clear that they were not caused by any action upon the cord. To determine upon what part of the brain it acts, he removed a large part of the motor zone. He then found that, while the convulsions were still produced, they changed their form, becoming more clonic, and that the dose of cocaine necessary to produce them was considerably larger—one-half to four-sixths of a grain for each kilogram. The conclusion from these researches is that cocaine provokes convulsions by its action upon the whole mass of the brain, but its predominating influence is probably exerted upon the motor nerve-cells of the cortex.—*Bulletin Medical*, May 13, 1888.

Trephining for Paralysis.

At the meeting of the Medico-Chirurgical Society of Edinburgh, February 15, 1888, Dr. Felkin showed a patient of his who had been trephined by Mr. Hare, over the motor areas of the brain, for localized paralysis. There was commencing return of the lost functions. The patient was a girl, 17 years old, who had received a fracture of the skull when ten months old. The right arm and leg were almost completely paralyzed; they were shorter than the left arm and leg, and badly developed. The temperature was 2° lower than on the left side; the reflexes were exaggerated, and sense of locality and tactile sensation were absent. At the operation, which was performed a month before, a large cyst, which extended to a depth of two inches from the surface of the skull, was found, and also an osteophytic growth, which extended inward half an inch toward

the surface of the brain. The patient made a good recovery. She walks better, can move her arm to a considerable extent, and both reflexes and temperature now correspond on both sides of the body. The case will be published in full at some future date.—*Edinburgh Med. Journal*, May, 1888.

Rupture of Vermiform Appendix; Laparotomy; Recovery.

Dr. Brenner, assistant to Professor Von Dittel, recently showed a patient before the Imperial Royal Society of Physicians, at Vienna. He was nineteen years old, and had been admitted into Professor Von Dittel's clinic in March last, with symptoms of severe intestinal obstruction. The history of the case and the intense pain in the cæcal region led them to conclude, with a certain degree of probability, that they had to deal with perityphlitis and consecutive suppurating peritonitis. Laparotomy was performed on the day of admission. After opening the abdomen, a great quantity of pus escaped; the intestines were washed with a solution of salicylic acid; and, on close examination, it was found that there was an abscess in the region of the cæcum, around the vermiform appendix, which was perforated. The vermiform appendix was ligatured and removed. The part of the cæcum which had become affected by the suppurating process was drawn forward and fixed to the abdominal wound by means of sutures, as resection of the intestine could not be done, owing to the collapsed state of the patient during the operation. The abdominal wound was closed, and healing took place by first intention. Three other cases of suppurating peritonitis following perityphlitis were treated in the wards of Professor Von Dittel by laparotomy, but all ended fatally. Dr. Brenner remarked that the recent advance in the surgical treatment of these cases consisted in the fact that operation was resorted to at an early date, and that the affected part of the intestine was removed from the abdominal cavity. This was the first case of healing after resection of the vermiform appendix, when general peritonitis was already present.—*British Medical Journal*.

—A hospital for the treatment of diseases of the throat, nose, and lungs is to be built in Brooklyn.

—The British Medical Association will hold its fifth annual meeting at Glasgow, beginning August 7.

New Theory as to the Origin of Ulcer of the Stomach.

In the *Nordiskt med. Arkiv*, Bd. xix, A. F. Rasmussen states that at autopsies he has usually found a furrow upon the stomach, which he is disposed to attribute to pressure from without and to compare with the furrow from lacing, which is found upon the liver. In some cases he has seen such a furrow extend from the liver across the stomach and upon the descending colon. Along the indented part of the stomach Rasmussen found the serous coat thickened, while the mucosa was atrophied. He offers the hypothesis that pressure upon the stomach in all or at least many cases is the cause of the formation of ulcer. He bases this hypothesis upon the observation that symmetrical scars following ulcer of the stomach are often seen upon the anterior and posterior walls of the stomach, and that they have their seat for the most part in the smaller curvature, and more frequently on the posterior than the anterior wall—places which are especially exposed to pressure, while the greater curvature is more movable.—*Deutsche med. Wochenschrift*, May 17, 1888.

Myositis Ossificans.

Dr. A. A. Lendon, of Adelaide, has recorded in the Transactions of the First Intercolonial Medical Congress (August and September, 1887) the particulars of a remarkable example of the very rare disease, myositis ossificans. The paper is the more valuable since it comprises full anatomical details, with illustrations of the skeleton of the subject. The man died at the age of forty-six, having first shown signs of the affection when only eight years old; but he had always been clumsy with his right arm and forearm, and as during boyhood the stiffness increased, it was attributed to injuries received at various times. He became greatly deformed, with bent rigid back and limbs, and before his death he suffered from numerous bed-sores, and was reduced to a pitiable state. Many muscles were partially or wholly converted into bone, notably both latissimi, which caused the scapulæ to be firmly fixed to the thoracic cage. In the limbs the joint surfaces were fairly normal, or the cartilages in fibroid degeneration, although the joints were greatly surrounded by irregular masses of bone due to ossification of muscles and ligaments. The spinal and costal ligaments were all ossified, making the back quite rigid. Dr. Lendon also quotes an interesting

description of a similar case from a work on the city of Cork, by Charles Smith, published in 1750, and reproduces the engravings that represent the skeleton of this case. Reference is made to Mr. Sympson's paper on the subject, to the case described by Mr. Cæsar Hawkins, to the specimen in the Hunterian Museum, and to some recently-recorded cases, which, however, lack the post-mortem evidence which renders Dr. Lendon's essay so important to the pathologist.—*Lancet*, April 21, 1888.

Epidemic of Sore Throat in Edinburgh and its Relation to the Milk-Supply.

At the meeting of the Edinburgh Medico-Chirurgical Society, June 6, Dr. G. Sims Woodhead and Mr. J. M. Cotterill read a paper of much interest on a curiously limited epidemic of sore throat, and suggested a relationship with the milk-supply. Mr. Cotterill was called to attend successively a large number of cases of sore throat occurring in an educational institution in the city. The grouping of the cases raised the suspicion of infection from a common source, and, after careful exclusion, Mr. Cotterill came to the conclusion that the mischievous factor was to be found in the milk-supply. This was accordingly suspended, when the sore-throat epidemic quickly disappeared. When the milk was recommenced, sore throats of a similar character appeared again. Then all the milk was boiled before use, when the epidemic similarly yielded. Dr. Woodhead's attention was accordingly called, and he instituted a careful examination into the condition of the cows from which the milk-supply in question was obtained. Most of the animals showed unmistakable signs of cow-pox in the scab stage. One cow, which had been separated from the rest as specially healthy, and whose milk was devoted to the use of a hand-fed child, showed similar appearances. On inquiry, it was discovered that the child too, as well as other persons who had partaken of the special milk, suffered likewise from sore throat of similar character. The clinical evidence thus appeared strongly to support the view that the milk was the medium of infection from the diseased animals. Dr. Woodhead then undertook a series of cultivations and inoculation experiments. He examined the matter from the teats of three of the diseased cows, and found streptococcus pyogenes in all; further a very small bacillus in the discharge from two,

and several other organisms in that from one. In the matter from the tonsils he discovered the streptococcus pyogenes, the slender bacillus, and a very small micrococcus. In two instances there was found, in addition, the short thick bacillus. By cultivation from these and from the milk, no less than fourteen distinct organisms were separated. Of these four were common to the milk, to the discharge from the sores, and to the tonsils, while seven were found common to the milk and the sores. It is possible that some of the others may be found common to the three sources, but so far they have not yet been obtained pure. Inoculation experiments were conducted on rabbits with the several pure cultivations whose derivation has been detailed. The results so far obtained have been entirely negative, the staphylococcus pyogenes amongst others not producing any effect, except a very slight amount of swelling and transient redness at the seat of inoculation. Inoculation was made by means of subcutaneous injection into the rabbit's ear.—*British Med. Journal*, June 9, 1888.

The Eye in Chorea of Childhood.

Dr. G. E. De Schweinitz, in a communication to the *New York Medical Journal*, June 23, 1888, based on an examination of fifty cases of chorea of childhood, gives the following conclusions, which he thinks are justifiable:

1. The irides of choreic children quite commonly present chromatic asymmetry in shade, just as the same condition has been found in other forms of nervous disorders.
2. Slight differences in the width of the pupils may be observed, but not more frequently—in fact, not as frequently—as these have been noted in perfectly healthy individuals.
3. Facial asymmetry is present in about one-half of the cases, just as this is present in cases of high refractive error, and also in individuals perfectly free from nervous disorders.
4. Hypermetropia and hypermetropic astigmatism are vastly the preponderating conditions of refraction in the eyes of choreic children, being found in about 77 per cent. of the cases, exactly as hypermetropic refraction is the preponderating condition in childhood generally, being found in 76 per cent. of the eyes of children in the elementary school years.
5. Imperfect equipoise of the eye-muscles is found in the great majority of the cases, but imperfect equipoise of the eye-muscles is very frequently present in the eyes of school-children free from chorea or neuropathic

tendencies. 6. Embolism, atrophy of the disc, and optic neuritis may occur during or after attacks of chorea, but appearances in the fundus oculi characteristic of the disease have not been found. 7. As Octavius Sturges remarks: "It seems certain that a fairly constant proportion of chorea is directly connected with what may be called injudicious schooling, . . . but such nice adjustment as shall prevent overstrain on the one hand and overindulgence on the other is practically unattainable." Certainly an endeavor to lessen the overstrain of the eyes should be made; hence the refraction-errors and muscular defects in these children should be carefully and fully corrected by glasses, by prisms when necessary, or even by judicious surgical interference, and thus a probable exciting element removed; just as we should perform the same service for eyes similarly afflicted in children who are not choreic; just as we should improve the hygiene, remove the anæmia, treat the disabled circulatory apparatus in children who are choreic. Evidence, however, seems quite as lacking that hypermetropic refraction is the basal cause of chorea as it is that the chorea is the cause of the hypermetropia.

Remarkable Case of Narcolepsy.

Dr. Caton has recently had a remarkable case of narcolepsy in the Liverpool Royal Infirmary. The patient was a man thirty-seven years old. He would fall asleep while standing, when selling articles in his shop, or even when walking in the streets. If he attempted to read or to sit in a chair, he invariably fell asleep in a moment. During sleep, a spasmodic closure of the glottis always took place, lasting nearly a minute. Violent contraction of the diaphragm and other respiratory muscles would come on, increasing in force, and the patient would get more and more cyanosed, until at length the violence of the inspiratory efforts partially roused him, and the spasm of the glottis yielded. Loud noisy respirations would now come on, and the cyanosis would disappear, to be followed by deep sleep and the same round of symptoms. This condition has existed for six years, and the seizures continually occur by day and by night. When awake, the patient is perfectly intelligent, and there is no evidence of organic disease. The kidneys are healthy, and secrete abundance of urea. Dr. Caton supposes that the symptoms are due to the formation of some narcotic alkaloid in the alimentary canal or the blood, and this view

was strikingly confirmed by the results of treatment, most benefit being derived from a limitation of diet and the administration of charcoal and naphthaline three or four times daily. Under this treatment, the drowsiness diminished considerably, and the spasm of the glottis disappeared altogether; but, when the treatment was suspended for some time, the symptoms returned.—*British Medical Journal*, June 9, 1888.

Etiology of Aortic Aneurism.

Dr. Karl Malmstein, of Stockholm, has published notes of one hundred and one cases of aortic aneurism occurring in his own practice, or in that of other Swedish physicians, with the view of elucidating to some extent the causes of this affection. He remarks, however, that it is impossible to say how many persons die of aortic aneurism, for the condition is very frequently not diagnosed, and the cause of death is returned as due to cardiac disease, hemorrhage, or other ill-defined cause. As to the seat or seats of the aneurisms in the cases collected, information could be obtained in only ninety-two instances. Of these, eighty-three were single, the arch being affected in fifty-seven, the descending aorta in seventeen, the abdominal aorta in four, and the arch and the descending aorta together in five. In eight cases there were two distinct aneurisms, and in one case three, two of them on different parts of the arch and one on the right coronary artery. These statistics fully bear out the observations of other physicians as to the greater liability to aneurism of the portions of the aorta nearest the heart. Dr. Malmstein also confirms the remarks of Stokes as to the want of connection between aneurism and cardiac hypertrophy. In about 80 per cent. of the cases, the existence of syphilis was definitely made out. There were but five cases in which gout or rheumatism existed, and in only five could alcoholism be assigned as a cause; besides, it is remarked that in the Swedish military hospitals, though alcoholism is yearly decreasing, the number of cases of aortic aneurism show an upward tendency. The cases of aortitis chronica petrificans, or senile degenerative change, were few in number, and there was only one instance of a traumatic nature. Several beautifully executed engravings, illustrating syphilitic lesions classed by the author as aortitis sclerogummosa, are appended to the work.—*Lancet*, May 26, 1888.

Etiology of Purulent Bronchitis.

Professor S. V. Levashoff describes in the *Ejenedelnaya Klin. Gazeta* an interesting case of purulent bronchitis occurring in a medical man, which may help to throw some light on the etiology of this disease. The patient was a man fifty-three years old, who had always enjoyed good general health, and had had no diseases of the respiratory organs, but had suffered occasionally from attacks of quinsy. In October last, after having been on a long journey in Siberia, he began to suffer with rigors at night and sweats in the morning. Some days later, cough came on, and he noticed a very foul smell in his mouth; he also began to expectorate a quantity of dirty gray mucus, which had the same foul odor, the sputum at times containing small lumps looking like bits of half-burnt rag. When he came under Professor Levashoff's care, he was evidently suffering with purulent bronchitis, the chief seat of the affection being in the left lung. Professor Levashoff took the utmost pains to find a means of accounting for the invasion of the disease, and at last came to the conclusion that something must have been introduced into the lungs from the outside which had caused the purulent secretion. On questioning the patient, he found that, when traveling in Siberia, in order to protect himself from the severity of the weather, he had covered himself with furs, felt mats, and other articles which are capable of conveying septic material, and it was doubtless in this way that the purulent bronchitis was brought on. The treatment adopted consisted chiefly of turpentine and carbolic acid inhalations, terpine, quinine, and narcotics internally, and energetic frictions with turpentine and lard over the chest. The disease presented a regular series of rises of temperature, with every third day copious discharges of purulent sputum, sometimes mixed with large quantities of blood. Notwithstanding all these very grave symptoms, complete recovery took place.—*Lancet*, June 9, 1888.

HIS DIAGNOSIS.—“Got a cold, Hyson?” inquired Mr. Orrico Root of young Hyson, the other day. “Tell you what will stop it in five minutes—” But Hyson interrupted him. “I had a cold,” he said, “the beginning of the week. What I’ve got now is a five-minute cure that a fellow gave me on Monday. Looks like a cold, though, don’t it?”—*Puck*.

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CHARLES W. DULLES, M.D., EDITOR.

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Write on one side of paper only.
Write on paper large letter size.
Make as few paragraphs as possible. Punctuate carefully. Do not abbreviate, or omit words like "the," and "a" or "an."
Make communications as short as possible.
NEVER ROLL A MANUSCRIPT! Try to get an envelope or wrapper which will fit it.
When it is desired to call our attention to something in a newspaper, mark the passage boldly with a colored pencil, and write on the wrapper "Marked copy." Unless this is done, newspapers are not looked at.
The Editor will be glad to get medical news, but it is important that brevity and actual interest shall characterize communications intended for publication.

ELECTION OF A WOMAN TO THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

On Wednesday, June 20, the Philadelphia County Medical Society elected Mary Willits, M.D., to active membership. This marks an epoch in medical affairs in Philadelphia. For years the friends of women physicians have endeavored to bring about the election of women to the Society. Over and over again the names of reputable and estimable women have been proposed, reported favorably by the Censors, and then been rejected by the Society. Conservatism was so strong that some of the best representatives of the best medical college for women in the world were repeatedly refused admission to the society of the county in which it is located. Unwearied patience and unremitting perseverance have, however, at length led to the usual result, and the Phila-

delphia County Society has broken down the barrier which so long separated it in this respect from the practice of other influential medical societies.

The occasion is one for congratulation to those who believe that women physicians should not be debarred, on account of their sex alone, from membership in societies which are intended to include all reputable physicians and which are parts of the American Medical Association. There are medical societies so constituted that they may, with entire propriety, decline to admit to membership any candidate for any reason which seems to them good. But, in our opinion, the County Medical Societies are not of this number, and should admit all candidates whose standing as physicians and as individuals is good, except for reasons which would be recognized as sufficient by the mass of the profession.

For years the Philadelphia County Society has held a different opinion, and has refused to abandon it under very strong pressure. But at last, the most conservative society in the country has changed its mind.

This is a conclusion the importance of which is enhanced by the deliberation with which it has been reached. The election of a woman here and now means much more than it could have meant if the result had been secured at the first effort; and those who have labored and waited for it have achieved a success which will be all the dearer for all it has cost them.

Those who have opposed this result have reasons which are entitled to great respect; but these reasons are out of harmony with the spirit of the age, and they must give place to the force of numbers. Happily, the result of the last test-vote has not given rise to indiscreet jubilation on the one hand, nor to feelings of resentment on the other. The keynote of the state of affairs has been struck by Dr. John B. Roberts, who in a letter to the *Philadelphia Ledger* makes this graceful acknowledgment: "In regard to the recent admission of a woman physician

to the Philadelphia County Medical Society, it is but justice to say that we owe her election largely to the forbearance, good-will, and great-heartedness of our friends, who have for so many years *successfully opposed* our efforts to gain recognition of women physicians in that body."

Thus, then, we chronicle this interesting event, and express the hope that its results will justify the expectation of those who brought it about, and convince those who conscientiously opposed it that it was right and good.

INCONTINENCE OF FECES.

From all points of view, incontinence of feces is a more unfortunate condition than incontinence of urine, and when it is well marked the patient becomes such a continual source of annoyance both to himself and to his friends that life is a burden. In aggravated cases, he can never feel himself safe in leaving home, so that by degrees his health is impaired through lack of fresh air and exercise, while his mental habit becomes one of settled melancholy. In this distressing condition, he is apt to catch at any method of treatment which seems to offer a chance of cure, and is exceedingly fortunate if he falls into the hands of an honest and skillful surgeon.

Sometimes involuntary discharges of feces are the result of sudden nervous impressions; but there are some cases which admit of surgical treatment. In regard to these, Mr. HERBERT WILLIAM ALLINGHAM makes some very important suggestions in the *Medical Press and Circular*, May 23, 1888.

Before speaking of the treatment, Mr. Allingham devotes a few words to the causes of this affection. He first takes up the case in which, in an operation for fistula, too deep a cut has been made through both sphincters, and says of it that the wound may heal in such a manner as to leave a deep sulcus. The result of this is that the continuity of the sphincters is interrupted at one point and their edges are curled outward by the contraction of the scar. As this contraction

increases, there is a loss of muscular power, a widening of the sulcus, and gradually a loss of the muscular sense in the part, so that the patient is no longer able to appreciate the contact of feces until it is too late to prevent their escape. On exploring the bowel, the anus will be found larger than is normal, and the muscles contracting continually from the patient's sense of a weakness in them; and at the same time the muscles are thin, weak, and narrow, instead of broad, firm, and powerful. In such a case, Mr. Allingham recommends that, when the fistula is cured and the wound well healed, the everted and separated ends of the muscles may be freed and the sulcus lessened in depth by cutting deeply across the old scar and allowing the wound to heal from the bottom.

In another case, instead of there being one deep sulcus, the sphincter may have been divided in two places, and thus a weak splicing have ensued. This generally occurs, he says, when the muscles have been divided obliquely, instead of at right angles to their fibres. In this case, a loss of tone may be observed, and a consequent incontinence of feces. The longer an operation is deferred in such a case, the greater will be the paralysis of the part. An examination reveals two cicatrices: one on each side of the bowel, or perhaps two on the same side. There is then the same loss of power and lack of consistence of the muscles as in the first case, with this difference, however, that there are two weak points in the circumference of contractility. In fact, the muscles have been divided up into small segments, and the sphincters, as a whole, have been proportionately weakened.

Mr. Allingham's treatment for this condition is to burn deeply into both sphincters in several places with a Pacquelin cautery, and also to cauterize the old scars deeply. The resulting cicatrix will, he says, usually contract sufficiently to give the patient control over the bowel; and, if it does not, the operation must be repeated.

Another condition which the author describes is one brought about through the decussation of the fibres of the vaginal and rectal sphincters in women, which leaves a weak point at their junction in the perineum. If the anal sphincter should be divided at this point, incontinence of feces may result. There may be little evidence of anything wrong externally, and the finger itself may discover nothing except that from the location of the scar the fistula must have been perineal, and in some cases the anus may be seen to be drawn too far backward. For this condition, Mr. Allingham says Lawson Tait's operation on the perineum may be done; but he advises that the flaps should be turned into the rectum and sutured together, thus narrowing the anus. He prefers, however, to burn the sphincters deeply in the manner just described in speaking of the treatment of the second condition. In other words, the treatment advised for the distressing weakness in the second and third conditions is, briefly, to burn the affected parts in such a way as to produce a deep cicatrix and to utilize its well-known tendency to contract, in order to overcome the relaxation of the parts, which is the immediate occasion of the incontinence.

The treatment is not new, but is so easily performed that it deserves to be borne in mind as a method which has brought relief to many miserable patients.

TREATMENT OF EXTRA-UTERINE PREGNANCY.

Since 1869, when Dr. J. G. Allen, of Philadelphia, succeeded in arresting an extra-uterine pregnancy by the use of the Faradic current, electricity has been about the only agent used in this country in treating that condition. But the Faradic and the galvanic currents have been employed with the dosage regulated by the sensations of the patient. But one fatal result—in a case under the care of Dr. Janvrin—has followed the use of electricity,

and that could not be attributed to the treatment. In no case has serious disturbance been set up by the retained foetus or membranes. The Faradic current has been most commonly employed, one pole being applied within the vagina or rectum, and the other over the inguinal region. Rockwell and others employ the interrupted galvanic current. Prior to 1887, American operators, almost as a unit, favored this method, till the end of the fourth month of pregnancy. Garrigues sets no limit. In a few cases of interstitial pregnancy, the ovum has passed into the uterine cavity, and abortion resulted, after the use of the electric current.

Electricity has secured but few adherents abroad. Influenced by the favorable results in abdominal surgery, by the fact that the great majority of cases are tubal, and by *post-mortem* demonstrations of the feasibility of exsection, J. Veit, Martin, Tait, and others have done abdominal section, and removed the tube and contents. Many of the operations were done after rupture of the cyst, and were made for the arrest of hemorrhage. The results have been most excellent—of Tait's thirty-five cases, but two have died. There can be no question but that abdominal section should be done for the arrest of hemorrhage where rupture has occurred—at this early period, it is usually best accomplished by exsection of the cyst—for, otherwise, death is almost inevitable. Foreign authorities in general recommend, in the early months, removal so soon as a diagnosis is made. Mr. Tait, in particular, urges against electrical treatment that it leaves a foreign body in the abdominal cavity to undergo suppuration; also, that while it kills the foetus, the placenta will continue to grow. It need only be said that thus far neither of these possibilities has occurred. Within the past year, however, there has been a reaction in this country, against the use of electricity, and a number of surgeons have successfully removed extra-uterine cysts.

If the pregnancy passes the fourth month, it is almost certainly intraligamentous, abdominal, or ovarian, and will probably go to term, when false labor will occur, followed by the death of the foetus. The question of treatment is by no means so definitely settled after the fourth month, as before that time. Of seventeen cases collected by Litzmann and Werth, in which abdominal section was done during the life of the foetus, only two mothers were saved. All the infants were living, but nine lived only from one to fifty hours. Litzmann gives partial approval to operation during foetal life. He would operate at the tenth month, if the child were strong and well-developed. Werth advises against operation till after the death of the foetus. Gussemo advises operation at the eighth month. Bandl would operate about full term, before false labor begins. Martin and Breisky have removed the foetal sac entire with living children. The table of Dr. Harris shows that, judging from the experience of the past, the operator has but one chance in nine of saving the life of the mother, and one in two of saving that of the child, when the operation is performed during foetal life. While it is the opinion of the majority that operation should be postponed till after foetal death, a growing minority favor the attempt to save both mother and child. The question of laparotomy or elytrotomy is likewise unsettled. Thomas favors incision from the vagina if the tumor is low down in the pelvis. Abdominal section is usually preferred. When the pregnancy is intraligamentous, the peritoneal cavity should not be opened. This operation would not be laparotomy. The placenta should not be removed unless the entire sac can be excised, as is done by Martin and Breisky.

After the death of the foetus, the treatment should be expectant. Litzmann and Werth have proved the danger of operation to be as great after the death of the foetus as before, unless time is allowed for the

placental circulation to cease. Litzmann places this time at five or six months after foetal death, while Werth would operate in ten or twelve weeks. After the cessation of the placental circulation, the entire sac has been removed by Litzmann, Billroth, Thornton, and Schröder. Schröder has seen a smart hemorrhage from the placental site, nine weeks after foetal death. Operation may be called for at any time by rupture of the sac, suppuration, or peritonitis. In a few cases, the foetus has been changed into a lithopædion. Unless the entire sac can be removed, the placenta should be left. Operation should be conducted upon the lines of modern abdominal surgery.

When cases are seen after suppuration has occurred, and the foetal parts are being discharged by the abdominal wall, vagina, bladder, or intestine, nature should be assisted by enlarging the openings and removing presenting foetal tissue. Operation will sometimes be necessary where the natural openings are in the bladder or intestine. Local antiseptics should of course be employed.

IODOFORM IN HÆMOPTYSIS.

We wish to call the attention of our readers to the claim made by two French physicians, CHAUVIN and JORISENNE, that iodoform is an efficient and prompt remedy for hemorrhage from the lungs. Its action is not confined to a temporary stanching of the bleeding, but usually checks the tendency to the recurrence of it which is so common, and when this does take place it is not nearly so grave as the first hemorrhage. One of the advantages of the use of iodoform in hæmoptysis lies in the fact that it is active in very small doses. The average dose used by MM. Chauvin and Jorissenne was about three-quarters of a grain. It was given in pill form, made up with extract of gentian or of licorice, and from three to five doses were given daily. It is said that the patients treated in this way were delighted with the method, and

MM. Chauvin and Jorissen speak of it in the most enthusiastic way.

Anyone who has had much experience in the treatment of hæmoptysis knows that it often ceases spontaneously, and that it is not always safe to conclude, when remedies have been used, that art has accomplished what nature so often does without assistance. But it is not to be supposed that the physicians who praise iodoform so highly are ignorant of this fact, or have failed to take it into consideration. So, it seems quite worth while that the use of iodoform should be given a fair trial, especially as this drug is often of great value in the treatment of the condition in which hæmoptysis most commonly occurs.

BOOK REVIEWS.

[Any book reviewed in these columns may be obtained, upon receipt of price, from the office of the REPORTER.]

THE SURGICAL DISEASES OF THE GENITO-URINARY ORGANS, INCLUDING SYPHILIS. BY E. L. KEYES, A.M., M.D., Professor of Genito-Urinary Surgery, Syphilography, and Dermatology in Bellevue Hospital Medical College, etc. 8vo, pp. xvi, 704. New York: D. Appleton & Co., 1888.

Dr. Keyes is well known as a teacher and practitioner in the department of surgery to which this book is devoted, and it bears the marks of his experience and study. At first sight, it seems almost sacrilegious that he should have swept from the title-page the name of Van Buren, which did so much to bring into favor the volume of which we are told this is a revision; but Dr. Keyes justifies his act by stating in his preface that he, and not the late Dr. Van Buren, wrote that book, except four chapters of it; so it is not sacrilege, but it is a pity, we think.

There are other points about this book which invite criticism, and chiefly of a sort which is in keeping with the change in its title and the claim to authorship of its predecessor. Its scientific qualities are very fair, and certainly far superior to its forerunner. It presents a view of almost every subject covered by its title. This view is usually terse and dogmatic; so much so that some things which deserve mention are omitted and some errors have crept in; but in the main it is a safe guide and may be commended to the notice of our readers.

MEDICAL PUBLICATIONS. HARVARD MEDICAL SCHOOL. 1887. 8vo.

This book contains ten papers by men connected with Harvard, which have already appeared in various medical journals. It is intended to show the character of the original work done by instructors in this school or under their personal supervision during last year. It does not include all the original work of these men, but presumably contains what the compiler, Dr. J. Collins Warren, thought the best. We

have not space in which to catalogue these papers, but we may say they are all of a very high degree of merit. One of the most interesting is that of Dr. Harold C. Ernst, called "An Experimental Research on Rabies." It was originally read before the Academy of Surgery of Philadelphia, and contains an admirable account of his experiments with material derived from two rabbits inoculated by Pasteur or in his laboratory and used for inoculation upon other rabbits in the manner of Pasteur. The description of Dr. Ernst's experiences is given in a manner which might well be taken as a model by Pasteur, and leaves no room for doubt that the effect of the inoculations furnishes very strong evidence in favor of the theory that the material used is what is called "specific." That it is the very virus of rabies, or hydrophobia, we do not believe; but this is not the place in which to argue the case. We can, and do, heartily commend the temperate scientific tone of Dr. Ernst's argument, and believe that he would do good service to the cause of science if he would continue his investigations and report their results from time to time.

Complicated Case of Occlusion of the Vagina.

Another instance of the rare cases in which a woman in labor is found to have complete occlusion of the vagina has been recorded by Dr. W. Zinsstag, of the Basle Gynecological Clinic. The patient, a young primipara, being in labor, on being examined by her family doctor, was found to have an occluded vagina. He, thinking this arose from sterrosis, sent her to the clinic. When first examined there, the finger felt a narrow canal, at the end of which a sharp-edged circular fold separated it from a somewhat more extensive cavity; behind this latter cavity the foetal head was felt through the thick septum. On inspection it was discovered that the canal was not the vagina, but a dilated urethra, and the sharp-edged fold the sphincter of the bladder; the cavity was the bladder, and the membrane separating the finger from the foetal head the posterior vesical wall. From the orifice of the urethra to the fourchette there stretched a strong bluish membrane, across which several veins ran. No opening capable of admitting the finest probe could be found. A somewhat similar case of persistence of the sinus urogenitalis is described by C. von Braun in his textbook. Coition must have taken place through the urethra, and some opening in the hymen must have existed, permitting the escape of the menses, which had been normal, and also allowing of the introduction of the seminal fluid. This orifice must have become closed up during pregnancy. Incisions were made in the hymen and in the perineum, and the labor was satisfactorily concluded.—*Lancet*, May 12, 1888.

CORRESPONDENCE.**The University Fire.**

TO THE EDITOR.

Sir: We wish to make some acknowledgment to the resident physicians of the University and Philadelphia Hospitals, to students, and others who so energetically aided us in saving preparations, books, and apparatus at the recent fire in Medical Hall, but scarcely know how to reach them except through the columns of the medical press.

Will you permit the use of so much of your columns as will enable the Medical Faculty to heartily thank these gentlemen for their services? Very truly yours,

JAMES TYSON, M.D., Sec'y.

University of Pennsylvania,
Department of Medicine,
June 19, 1888.

Queer Remedies.

TO THE EDITOR.

Sir: We have a man here that styles himself Dr. I. T. Hazel, who recommends the following remedy for epilepsy:

Take the false tongue of a new-born calf, which he says grows under the real tongue during intra-uterine life; dry thoroughly and powder, and give from five to ten grains three times a day.

This prescription ought to go with the Chinese remedy for typhoid fever, which is as follows:

R.—Two fresh tom-cat heads,
One fried snake-skin,
Three inches dried umbilical cord,
One gallon water.

Macerate three days and give a tablespoonful every four hours.

Yours truly, J. T. SMITH, M.D.
Harrodsburg, Ind.,
June 13, 1888.

Quinine Rash.

TO THE EDITOR.

Sir: I send you an account of a case occurring in my practice, in which there was a very marked idiosyncrasy in regard to quinine. The patient was a young woman, eighteen years old, to whom I was called because she had a severe supra-orbital neuralgia. I prescribed quinine, to be given in five-grain doses every two hours until she had taken four doses. My patient told me she could not take quinine, but I thought I would risk it. The result was that after she had taken two doses her skin turned a bright scarlet, her eyes became congested,

and she complained of an intense itching and burning, with extreme nausea and vomiting. Her temperature rose to 103°. By the next day, all the symptoms had disappeared. I have read of such cases, but this is the first time I have seen one in my practice, which is in a malarial country, at that.

Yours truly, B. D. TALBOTT, M. D.
Birdville, Texas,
June 15, 1888.

The Attire of Women.

TO THE EDITOR.

Sir: The Israelitish women, after they had left Egypt, were forbidden to wear men's clothes. The style is not mentioned.

Yours truly, EDW. VANDERPOEL.
New York, June 15, 1888.

NOTES AND COMMENTS.**American Rhinological Association.**

The American Rhinological Association will hold its sixth annual meeting at Cincinnati, Ohio, September 12, 13, and 14, 1888.

Communications in regard to this meeting may be addressed to

DR. JOHN NORTH, Secretary,
Keokuk, Iowa.

Epidemic of Typhoid Fever.

At the meeting of the Society of Public Medicine and Professional Hygiene of Paris, March 28, 1888, M. Napias (*Bulletin Medical*, April 22, 1888), spoke of an epidemic of typhoid fever which had broken out in an institution for blind children in Paris. It seems from his statement that the disease had been in the neighborhood for some time, but the first case developed in the institution November 12, 1887. There were fourteen cases altogether, and two deaths, a mortality of 14.3 per cent. Thinking that the cause of the epidemic should be sought in the water-supply, he had this changed by December 20. The last case of typhoid appeared January 6, 1888, eighteen days after the change of water-supply.

The checking of the epidemic by the change of water-supply is the chief point of interest in this report of M. Napias. It gives force to the advice which cannot be too often repeated: In any epidemic of typhoid fever in which the source of contagion is not obvious, examine most carefully into the character and source of the milk and of the water supply.

Laceration of the Vulva after Child-Birth.

At the meeting of the Society of Practical Medicine of Paris, April 12, 1888, M. Auvard reported the following statistics bearing upon the condition of the vulva following child-birth, and based upon the examination of one hundred cases observed by him at the Charity Hospital:

The vulva was intact in five per cent.; the perineum was more or less torn, with integrity of the rest of the vulva, in fifteen per cent.; lateral or upper portions of the vulva were torn, with integrity of the perineum, in thirty per cent.; vulva and perineum were injured in fifty per cent. In view of the great frequency of injuries of the vulva, and the consequent danger of the penetration of germs into the system, Auvard advises careful antiseptics.—*Bulletin Médical*, April 15, 1888.

Guaiacol in Tuberculosis of the Lungs.

The use of guaiacol in phthisis has been spoken of in the REPORTER a number of times. We learn from the *Wiener med. Presse*, May 13, 1888, that Dr. Horner has recently stated in the *Prager med. Wochenschrift*, No. 17, 1888, that he is much pleased with the results obtained by him in its use during four years. The patients took it willingly, and after the first few weeks their appetite markedly increased, the cough and the quantity of the sputum simultaneously diminished, sleep was undisturbed, the strength and body-weight increased, and the night-sweats diminished or wholly disappeared. With these general signs of improvement in the disease, there was also a decrease in the fever. When guaiacol had been continued longer, the râles disappeared more and more, while percussion no longer revealed the exact borders of the affected lung; moreover, the number of tubercle bacilli became fewer or wholly disappeared, the drug having such a decided influence upon these exciters of the disease, that a patient with beginning tuberculosis of the apices may become entirely cured after several weeks' treatment. Horner orders the guaiacol in pills containing about one grain each. He begins with three a day, increases this after three days to six, and again after three days to ten, and directs them to be taken immediately after breakfast, dinner, and supper. In addition, the patients are well cared for and nourished and placed in pretty good hygienic conditions.

Experimental Nephrectomy.

At a recent meeting of the Anatomical Society of Paris, M. Tuffier stated that he had undertaken some experiments to determine the minimum quantity of kidney substance which is necessary to life. After a total right nephrectomy, he had performed two partial left nephrectomies upon a dog, from which he at once recovered. The resected kidney quickly cicatrized, and the loss of substance has in great part been filled in by epiploic adhesions.—*Bulletin Médical*, May 2, 1888.

Peculiar Case of Dermatitis Due to Antipyrine.

In the *Therapeutische Monatshefte*, No. 9, 1888, B. Spitz reports the case of a young man who had taken one hundred and thirty-five grains of antipyrine within one week during an attack of typhoid fever. As the seeming result of the drug, there suddenly developed over his whole body an eruption which at first was like that of measles and subsequently more like that of scarlet fever. On the face there were elevations resembling urticaria; the eyelids and lips were swollen and very oedematous. After a bath, which was taken on the fourth day to hasten the desquamation which was already beginning in the form of large leaves, the epidermis over the whole body separated in large shreds, a moist surface remaining. Here and there were blisters containing serum, and larger than a dollar. These burst on the gentlest touch; but in other places it was sufficient to stroke the skin gently with a finger to loosen the whole membrane. Recovery occurred slowly under the use of a powder which was dusted on.—*Centralblatt f. d. med. Wissenschaften*, May 12, 1888.

Transplantation of the Cornea.

Dr. J. J. Chisolm has performed Von Hippel's operation of transferring a piece of rabbit's cornea to a man's cornea at the Presbyterian Eye, Ear, and Throat Charity Hospital, Baltimore. The patient had been blind for many years. A piece of the blind eye was cut out with a trephine driven by clock-work. With the same instrument, a duplicate piece was taken from the sound eye of a living rabbit and fitted accurately into the hole made in the man's cornea. The operation was made painless by the use of cocaine. This operation, it will be remembered, has been already referred to several times in the REPORTER.

Honoring Dr. Corson.

In honor of his sixtieth year of practice, Dr. Hiram Corson, of Conshohocken, was tendered a reception in the Bellevue Hotel, Philadelphia, June 6, 1888. The doctor is in his eighty-fourth year, and is the oldest living graduate in medicine of the University of Pennsylvania.

Effects of Exposure of the Intestines.

At the November meeting of the Berlin Obstetrical and Gynecological Society, Professor Olshausen read a communication on a hitherto unrecognized cause of death after laparotomy at which intestine has been allowed to lie outside the abdominal wall for a prolonged period. In this country, says the *British Medical Journal*, May 19, 1888, surgeons are careful to prevent prolapse of the intestines. Coils which adhere to a tumor and cannot be at once separated are carefully covered with flat sponges or with towels wrung out of hot water, which often contains an antiseptic compound. As soon as the adherent coils are separated from the tumor, all bleeding points being secured, they are carefully replaced. As soon as the tumor is extracted through the abdominal wound, or indeed whilst it is slipping out of the incision, a broad flat sponge is slipped into the peritoneal cavity to prevent any chance of prolapse and to protect the gut from the suture-needles. The abdominal incision is, moreover, always made as short as possible, so as to avoid the sudden escape of coils of intestine. The Germans are less particular about éventration. Dr. Martin, in 1885, publicly recommended the dragging-out of a large amount of intestine in cases in which the tumor lay deep in the abdominal cavity, and declared that the greater part of the intestinal tract might be left hanging out of the abdomen during the whole operation, so that the surgeon might have plenty of room for manipulating the tumor. "This éventration," said Dr. Martin, "is quite free from danger; I have practiced it in at least ninety per cent. of my cases without seeing any evil results." Professor Olshausen was more cautious, and directed attention to certain cases of collapse, often fatal, which followed cases of abdominal section and were not accompanied with symptoms of peritonitis. He concluded that prolonged exposure of the intestines in laparotomy might cause disturbance in the circulation in the walls of the gut, ending in venous stasis and serous infiltration, with ultimate formation of

ecchymoses. At the same time, the muscular coat is paralyzed, often for several days; if the paralysis does not abate, symptoms of ileus set in. Fatal results of this kind are probably caused by the absorption of decomposing material in the intestinal canal.

Another objection to exposing the intestines is that it results in great loss of heat. Special stress is laid upon this point by Prof. Ashhurst (see *REPORTER*, April 7, 1888), who, it will be remembered, attributed much of his success in many serious operations to his care in preserving the body-heat.

Hyoscine.

Budde's results obtained in the Friedrichshain Hospital under the direction of Fürbringer, are in essential agreement with those of Erb. He found that hyoscine was more active than hyoscyamine, and employed the iodate of hyoscine hypodermically in solutions of one part in one thousand of water. The initial dose for adults was 2-10 milligram (1-325 grain); for children, 1-10 milligram (1-650 grain). His results are as follows (*Deutsche med. Wochenschrift*, May 17, 1888): The drug has no direct effect in controlling muscle-spasm, the movements of chorea minor and athetosis, nor does it exert any direct influence upon whooping-cough; its hypnotic action in cases of tabes is but slight. Partly successful results were obtained in the night-sweats of phthisical patients and in lead-colic; its action upon the perspiration and salivary secretion is as variable as that of atropine. Its effect is most prompt in the trembling of paralysis agitans, and in senile and alcoholic tremor. In these cases, hyoscine also acts favorably upon the sleep of the patients, often in cases in which other hypnotics have either entirely failed or are only partly successful. Its effect upon trembling is not, however, lasting. An important effect produced by it is fatigue, which is always observed; other secondary effects are scintillations before the eyes, dizziness, dryness in the mouth and throat, thirst, dilatation of the pupil, and delirium. In one adult, disagreeable secondary symptoms were noticed after 1-325 grain, while in some children this dose was borne without producing these symptoms. The largest dose given to an adult was 1-93 grain, and it produced serious secondary symptoms. If hyoscine is given for a long time, the patient becomes accustomed to it, and the dose has to be increased to bring about the same effect.

Treatment of Furuncles in the External Ear.

In a communication to the *Berliner med. Wochenschrift*, April 30, 1888, Grosch praises the effect of acetate of aluminium, freely diluted with water, in the treatment of furuncles in the auditory canal. He fills the canal full of the solution and then closes it with cotton. If the furuncles have already gone to the point of fluctuation, they are first evacuated by an incision. The result has been highly successful, even when both canals have been affected with diffuse furunculosis. In at most four hours after the application has been made, the pain became bearable; after perhaps eight hours, it had pretty nearly completely disappeared. After a few days—from two to six—complete recovery occurred in all the cases. No new furuncles, nor any granulation formation, occurred. Furuncles which were still quite firm disappeared without going on to suppuration; those in which pus had begun to form healed through inspissation of the pus and reabsorption. The use of the remedy in such strength as was employed occasioned no injury—at most, occasional temporary itching.—*Wiener med. Presse*, May 13, 1888.

Dangers of Antiseptics.

At the last meeting of the Berlin Medical Society, says the *British Med. Journal*, May 19, 1888, Dr. Emil Senger read a paper on the influence of antiseptic remedies on the organs of the body, with special reference to operations on the kidney. It is well known that after nephrectomy, or even nephrotomy, many patients die with symptoms of uræmia or anuria, even when it had been ascertained beforehand by careful examination that the other kidney was quite healthy and capable of secreting the necessary amount of urea. Dr. James Israël, chief surgeon of the Berlin Jewish Hospital, has propounded a very complicated theory as to certain nervous sympathies between the two kidneys, whereby an operation on one may give rise to degeneration of the other. Senger has now proved by experiments on rabbits and dogs that our antiseptic remedies are the cause of these complications. He injected into the animals, when in perfect health, one tenth or twelfth part of the quantity of corrosive sublimate, carbolic acid, etc., which is sufficient to kill them. He then extirpated one kidney, and examined it microscopically, with the result that in all cases he found glomerulo-nephritis. There was exudation between the glomerulus and the capsule,

and the epithelium of the tubuli contorti was almost entirely destroyed. He found also fatty degeneration of the liver, the spleen, the heart-muscle, etc. The various antiseptic agents were found to be injurious in different degrees, corrosive sublimate being the most dangerous, then the others in the following order: iodoform, carbolic acid, salicylic acid, boric acid. Senger therefore recommends surgeons to avoid antiseptics in operations on the thorax and abdomen, and urges them either to employ sterilized water or a solution of salt. By bacteriological and pathological researches he proved, first, that this kills the streptococcus pyogenes aureus in twenty-eight minutes, and that the effect is independent of the degree of concentration, for a five per cent. solution is just as effectual as a twenty per cent. Secondly, he claims to have shown that chloride of sodium does not in any way injure the organs, and that no dose is strong enough to kill any animal.

Aneurism of the Femoral Artery.

At a recent meeting of the Surgical Society of Paris, M. Bucquoy related a case of aneurism of the femoral artery treated according to the method recommended by Baccelli. A woman about forty years old came to the hospital with a tumor seated at the origin of the femoral artery, which, by examination, was found to be an aneurism. The heart showing symptoms of valvular disease, M. Bucquoy hesitated to tie the external iliac artery, and in this disposition he was encouraged by one of his colleagues. Electro-puncture was resolved on, but the pain was so great that this method had to be abandoned after two trials. He sought then to obtain coagulation of the blood by the introduction of a foreign body, and with this view he introduced the spring of a watch, as advised by Baccelli. The spring went in without difficulty, but, instead of curling up, it went through the opposite wall; being slightly withdrawn, a portion was cut off, leaving about an inch and a half in the sac. During the following days the pain diminished, and the tumor became much firmer. Two months afterward, the patient, having fallen into a cachectic state, died. When the tumor was opened, the spring was found broken and covered with fibrin, but the clots were of recent formation. However, M. Bucquoy thought that, on the whole, the patient was benefited by the treatment, and that it might be repeated in a similar case.—*Medical Press and Circular*, May 16, 1888.

Treatment of Ingrowing Nail.

A very simple treatment of ingrowing nail is proposed by Patin in the *Gazette des Hôpitaux*. After cleansing and disinfecting the affected nail, the parts between the nail and the granulations are painted with a solution of traumaticin, which consists of one part gutta-percha to eight of chloroform; this painting is done at first a number of times a day, but later less frequently. The foot is protected somewhat, and by degrees the nail lifts itself from the tissue in which it was imbedded; it may then be removed without pain with scissors. Traumaticin acts as an anæsthetic by virtue of the chloroform, and mechanically through the gutta-percha, which insinuates itself between the nail and the granulations, and so frees the former from the ingrowing tissue.—*Wiener med. Presse*, May 6, 1888.

Bad Prescribing and Still Worse Dispensing.

The *Ephemeris*, June, 1888, says: The writer was recently summoned as a witness in a New York Court, and heard the following case: A physician gave a patient, for colic, one-third of a grain of sulphate of morphine by hypodermic solution in the walls of the abdomen, and gave him a prescription for "Mistura Squibb 2 3," to be taken as directed. The verbal directions given with this were that if, on reaching home, the man's pain was better, he should take none; if about the same, take a teaspoonful; if worse, take two teaspoonfuls. In a few minutes after the man left it, the pharmacist came to the physician's office to ask what "Mistura Squibb" was, or what was meant by it. The physician gave him the formula for the common compound tincture of opium, or diarrhoea mixture. He knew what that was, and went off to dispense it. A short time after, he came to the physician again, and said he had made a great mistake by having dispensed the compound solution of opium, a preparation six times stronger than that intended, and containing a proportion of opium equivalent to about $7\frac{1}{2}$ grains of sulphate of morphine to the fluidounce.

They at once sent for the patient to come to the pharmacist's store, when they found he had taken two teaspoonfuls of the compound solution of opium, about equivalent to two grains of sulphate of morphine, after having had one-third of a grain by hypodermic injection. The gravity of the case was at once realized, and very vigorous

proper measures were adopted to counteract the opium; and, after two physicians walking and dragging the patient through the streets all night, with occasional bowls of strong coffee—keeping near to a large hospital where a battery was in readiness in case the respiration should entirely fail—signs of improvement began. Then in a few hours more the danger was past.

It seems altogether inexcusable for any physician to write such a line as that above quoted and issue it as a prescription, because it really indicates nothing, and means nothing that any pharmacist is bound to know, or can in any way be responsible for not knowing. If physicians by thoughtless habits abbreviate and curtail their names so that they signify nothing with definiteness or safety, and will use names of persons instead of things, or proper names as indefinite adjectives, they not only discredit themselves, but also their profession, and when they get into the Courts they can expect no mercy.

The pharmacist in this case did exactly what was right, and took the only proper course open to him, when he went to the physician with his nondescript prescription for an explanation, and the physician then did the best he could do by giving him the formula for it. But, after this, the pharmacist went back and committed the almost criminal blunder of dispensing a solution instead of a tincture, the one six times stronger than the other—with the formula for the weaker one in his hand, and the label of the stronger one on his bottle—with a nearly fatal result.

Lanolin in Cuts and Burns.

A recent article in the *Pharmaceutische Rundschau*, March, 1888, states that experience has shown that lanolin is an excellent dressing for cuts and burns. Professor B. Fränkel finds that it prevents the formation of scabs, and that burns under this treatment do not desquamate so much as under most others. In cases in which it is desired to irrigate a wound, in order to reduce heat and irritation, lanolin may still be applied, as it is not readily washed away. If a small wound is immediately dressed with this ointment basis, hemorrhage is stopped.—*British Med. Journal*, May 19, 1888.

—It is announced that the Queen has given \$350,000—the balance of the Women's Jubilee offering—to St. Catherine's Training Hospital for Nurses for the London poor.

Lung-Cavity injected with Carbolyzed Iodine.

Dr. E. Peyre Porcher, in reporting a series of cases in the *New Orleans Med. and Surg. Journal*, June, 1888, gives the following particulars of a case in which he injected carbolyzed iodine into a lung-cavity. This case was interesting, he says, as it at least demonstrated that very slight disturbance, either local or general, may result from such a procedure. M. White, colored, thirty-five years old, was admitted July 10, suffering with a phthisical abscess in the left lung, associated with cough, purulent expectoration, night-sweats, and other symptoms of well-marked pulmonary disease. The cavity was single and so extensive and well-defined as to render it extremely suitable for injection. The formula recommended by Dr. Blake White of New York was employed, which is as follows:

R Atropia gr. $\frac{1}{4}$
 Morphia sulphate gr. $\frac{1}{4}$
 Tinct. iodine f 3 iii
 Acid. carbolic (pure) gutt. xx
 Glycerine f 3 ss
 Dilute alcohol, 20 to 30 per cent. . f 3 ss
 M. Sig.—15 to 30 minims.

His needle attached to a hypodermic syringe filled with the fluid was used. The fluid was injected into the left lung at a point about two inches below the clavicle, and the same distance from the left border of the sternum. When the point of the needle passed in and touched the posterior wall of the cavity, the resistance was easily felt, and he could be certain of the success of the operation.

With the exception of some cough, there was so little irritation, pain, or uneasiness produced, that the patient was not deterred from going almost immediately to a meal. Nearly every disagreeable symptom was relieved and the cough greatly diminished. The operation was repeated after six weeks, but did not arrest the final advance of the disease, though the patient survived several months.

A similar case, Dr. Porcher says, is reported in a previous series of cases.

Meco-Narceine.

In the group of substances obtained from opium is found one, which, without possessing the toxic properties of the other opium preparations, exhibits pronounced narcotic action. This substance is narceine. But its use is rendered difficult by the fact that it is difficult to make, and when made is insoluble in water. Laborde now offers a preparation of opium which is free from morphine,

and consists of narceine to which some unknown alkaloid clings. This preparation, which Laborde calls meco-narceine, possesses pronounced narcotic power, without acting as a poison. When one or two centigrams (grain one-sixth to one-third) are injected into a dog weighing ten or twelve kilograms, the animal falls into a quiet, deep sleep, from which it wakes fresh and cheerful—unlike the after-effect produced by morphine. Meco-narceine produces a diminution of the general sensibility, which is not observed after the use of pure narceine. When meco-narceine is freed from the unknown alkaloid which clings to it, chemically pure narceine is obtained, which is insoluble and does not possess the good properties of meco-narceine. The slowing of the respiration and circulation produced by meco-narceine, as well as the fall in arterial blood-pressure and in temperature, shows that a certain degree of anæmia of the nerve-centres is the cause of the effects produced. Laborde employed meco-narceine in the form of pills containing one-twelfth to one-sixth of a grain, by hypodermic injection (one-twelfth of a grain to about fifteen minims), and in the form of a syrup in the proportion of one-sixth of a grain to three-fourths of a fluidounce. He regards the chief indications for the use of the drug as sleeplessness, bronchial affections in which cough and secretion form the chief symptoms, neuralgia, and as a substitute for morphine in morphine-takers. The dose may be increased without harm up to one-third, one-half, and even two-thirds, of a grain a day.—*Wiener med. Presse*, May 27, 1888.

A Bullet which had passed through the Abdominal Wall discharged per Anum.

Dr. J. O. Stewart, of Cedarville, O., reports the following case in the *Medical Record*, June 2, 1888: Laura B—, sixteen years old, colored, was shot August 2, 1887. The ball, which weighed sixty-eight grains, penetrated the abdomen to the right and a little above the umbilicus. The opening made by the ball was round, and was not probed beyond a depth of one inch. The wound was washed with water containing carbolic acid, and absorbent cotton with adhesive plaster applied. The patient rallied well from the shock. The treatment was directed toward absolute rest. The bowels moved eighteen days after the accident. Urine, during this time, was dark and con-

tained a substance like coffee-grounds. The patient vomited occasionally during the whole time of her confinement to bed, which was about three months, and at times the vomited matter contained a little blood. Her temperature frequently was as high as 105°, and was kept down by antifebrine administered freely, in doses of about five grains every three to five hours. The ball was passed per anum on the thirty-sixth day. It was considerably altered in shape, and was indented in several places.

The Treatment of Acne.

Dr. P. G. Unna, in the *Monatshefte für praktische Dermatologie*, writes: "As every ordinary suppuration must be regarded as due to the invasion of pus microbes, so the clinical picture of acne divides itself into two essentially distinct sections. These are, the process of follicular obstruction and of the formation of comedones, and the process of suppuration in the follicle. Comedones are often erroneously separated from acne; their sole cause is the abnormally firm coherence of the horny layer on portions of the skin provided with lanugo hairs. Whether this change in the horny layer is due to a partial anæmia of the skin, or to the presence of special organisms, is not known. The second part of the process, the suppuration of the follicle, takes place only in those plugged glands within which pus microbes have entered before their closure, and which have been subjected subsequently to irritation (mechanical, eczematous, or from tar, chrysarobin, iodine, or bromine), which has facilitated the intrusion of the pus microbes into the follicular walls. Thus the treatment of acne has to fulfill two chief indications—to loosen the corneous layer and to destroy the microbes. The horny layer can be best removed slowly by means of sulphur and resorcin, while the hyperæmia associated with all efforts at reducing cornification is lessened by the application of oxide of zinc. Resorcin has this advantage over sulphur, that corrosive sublimate, the best agent for destroying micro-organisms, can be combined with it; carbolic acid, on the other hand, goes best with sulphur. Twice or thrice a week the whole surface should be gently scraped, the pustules punctured, and the comedones pressed out. The effect of treatment should be observed at frequent intervals. Every acne patient must wash with soap, and employ water as hot as he can bear, in order to soften the horny layer. Hebra's spirit of soap, marble soap, or sublimate of

mercury soap, are still better than common soap. Sensitive persons may dust with oxide of zinc and starch after washing, since this does not occasion any blocking of the follicles. Pastes suit for application at night best, while lotions and spirituous applications can be used in the daytime to maintain their effect." As examples of suitable prescriptions, the following are given:

Sulphur paste at night and resorcin spirit during the day.

R Ung. zinci benzoati, 3 iiii
Sulphuris precipitati, 3 iiss
Terræ silicæ, 3 i
[vel kaolini], 3 ii¼
M. f. optime terendo pasta.

R Resorcini, 3 ss-3 i¼
Glycerini, 3 ss
Aq. flor. aurant., 3 v
Spiritus, 3 iiss
M. Signa. The lotion.

Together with this either spirit of soap, or over-fatty marble soap, to wash with.

Resorcin paste at night and corrosive spirit during the day.

R Ung. zinci benzoati, 3 iiss
Resorcini purissimi, 3 iiss
Terræ silicæ, 3 iiss
[vel kaolini], 3 v
M. f. optime terendo pasta.

R Hydrarg. bichloridi, gr. ½-1/3
Glycerini, 3 ss
Aq. flor. aurant., 3 v
Spiritus, 3 iiss
M. Signa. The lotion.

Together with these either spirit of soap, or over-fatty sublimate soap, to wash with.

When the disease has been removed by the treatment indicated, resort must be had to procedures calculated to obviate recurrences. To this end, the continuous employment of a weak resorcin paste, or of a spirit containing 2 per cent. of resorcin and 1 per 1000 of corrosive sublimate, or the regular use of sublimate soap, or of marble soap for the face, will be found beneficial. In addition, as in every parasitic affection of the face, any pityriasis capitis must be cured, since in it there is a lurking-place of those germs which are liable to grow in the skin. This simple prophylaxis will prevent many recurrences. Arsenic and ichthyol internally act favorably on the parakeratosis, while keratinized pills, containing one-seventh of a grain of sulphide of calcium, promote suppuration in the follicle.—*Edinburgh Med. Journal*, May, 1888.

—Dr. F. Loeffler, staff-surgeon and *privat docent* in the University of Berlin, has been appointed to the Professorship of Hygiene in the University of Greifswald.

Death from Ether in Hamburg.

Dr. A. C. Bernays, in a letter from Hamburg to the *St. Louis Med. and Surg. Journal*, June, 1888, says: "Kümmel is not the great surgeon here, but, with all that, he is a man of considerable and deserved reputation. The greatest man here is Schede, and I have spent most of my time in his hospital. Dr. Sands, of New York, spent a month with Schede, and, being a partisan of ether as against chloroform, he undertook to convert Schede by showing him how to use the former anæsthetic. The case was that of a woman of about thirty-eight, afflicted with uterine cancer. Sands, who as you know is recognized as one of our best American surgeons, sent to London and got an ether-bag and the apparatus necessary for the administration of the anæsthetic, and also secured an article of the very purest and best in the way of ether. He and his son, Dr. Sands, Jr., began the administration in the presence of Schede and eight other prominent surgeons. In less than four minutes, the patient was dead—so very dead that all means at revivification—artificial respiration, even tracheotomy and forced air, were of no avail. The post-mortem showed normal heart, lungs, and brain—in short, nothing abnormal or pathological but the cancer of the uterus.

"The French and Germans, as you know, have never taken kindly to ether, using it but very little, and, if this incident will keep them from using it at all in the future, they are to be congratulated. I cannot, myself, understand how anybody who has ever used chloroform can become a convert to ether. It takes a good deal of prejudice even to make those who have been its advocates stick to it, and I am glad to say that all of my observations and experiences of this trip tend to show that it is gradually going out of use abroad. Take the world over, and chloroform is now administered five times where ether is resorted to once. There have consequently been a few more deaths, in the gross, accredited to chloroform within the past year, over those attributable to ether; but, when the number of times each was used is taken into consideration, ether has been far the more fatal. I think chloroform is dangerous only when there is grave organic disease of the heart, or in persons addicted to whiskey."

—The will of Dr. Rachel L. Bodley bequeaths her scientific books to the Women's Medical College of Pennsylvania.

NEWS.

—Professor Fürbringer, of Amsterdam, has been suggested for the chair at the University of Jena made vacant by the call to Berlin of Professor Hertwig.

—Dr. Ludwig Knorr has been appointed Extraordinary Professor of Chemistry at the University of Würzburg.

—Professor Celli, of the University of Rome, has proposed to establish a number of meteorological stations in the malarious region encircling Rome, for the special study of the fever and its climatic conditions. The proposal has been favorably received by the Roman authorities, and the stations will be located without delay.

—At the celebration of the 800th anniversary of the University of Bologna, June 13, the degree of Doctor of Medicine was conferred by the University upon S. Weir Mitchell, of Philadelphia, and upon Sir Spencer Wells, of London. Mr. Huxley received the degree of Doctor of Science.

—Dr. B. E. Hadra has accepted the chair of Surgery in the Texas Medical College, and has removed to Galveston.

—Dr. Karl Kilcher, assistant in the Bohe-mian Laboratory of Pathological Anatomy, died of blood-poisoning, which he suffered while investigating the blood of typhus-fever patients.

—Dr. Squibb says that a very good way to give iodine is by inhalation of iodide of ethyl. Iodine is found in the urine within fifteen minutes after the same number of inhalations.

—Dr. Clara Marshall has been appointed Dean of the Women's Medical College of Pennsylvania.

—Prof. J. Hyrtl, of Vienna, has given six scholarships for medical students, open to students of all nations.

—The *Maryland Med. Journal*, June 16, 1888, states that Dr. George W. Miltenberger, of Baltimore, has met with a painful accident. As he was coming downstairs he fell, breaking the tendon of the quadriceps femoris of the right leg, just above the patella. Dr. L. McLane Tiffany put the injured leg in a plaster-of-Paris splint. Dr. Miltenberger is said to be getting along very comfortably, and, while his injury may be more painful and tedious on account of his advanced age (sixty-nine years), his physician and family hope for a rapid recovery. Nothing more serious than a possible stiffness is anticipated.

—Dr. Burke, an English physician who shot and killed his nine-year old daughter and afterward tried to shoot himself, has been reprieved after being sentenced to death. This was in accordance with a petition signed by many English physicians.

—The *Western Druggist*, June, 1888, says that on account of the serious inconveniences from the use of the copyrighted term antipyrine, which only describes one property of the drug so designated, it will hereafter be called "methozin" in the columns of that journal. This term is simply a diminutive of its chemical title.

—There is to be a Medical College in Memphis called the Jay Gould Medical College.

HUMOR.

CONCLUSIVE EVIDENCE.—"Doctor, I hear that Briggsby has started a new paper." "So I am told, but I haven't seen a copy." "He told me the other day it would be bold and aggressive. I wonder if it's that kind of a sheet?" "I guess it is. I sewed up a scalp-wound for him this morning."—*Lincoln Journal*.

I TOLD YOU SO.—Brown: "You don't look very happy, Robinson." Robinson: "No, I left off my flannels this morning and caught cold." Brown: "That's bad." Robinson: "Oh, I don't care anything about the cold; but my wife told me I was leaving them off too soon."

A HAPPY MAXIM.—"Onward and upward" will be the maxim of the new paper," said the editor, proudly. And it proved a happy maxim, too. For three short months the paper went onward, and then it went upward.—*Harper's Bazar*.

HUSBAND: "What does the doctor say about your new maid, my dear?" Wife: "He says that there is but slight chance of her recovery, and she promised to be such a treasure. I declare, it's too provoking for anything!"—*The Epoch*.

RECENTLY THE NEWSPAPERS have told the story of a man whose foot was crushed in an accident and had to be cut off, after which death relieved his sufferings. All the accounts closed by saying that the operation by Dr. X. was successful; but, a few days later, blood-poisoning set in, which proved to be fatal. This reminds one of a great man of the last century whom Mesmer boasted of having saved, although he died on his hands. "He died," cried Mesmer, "but he died cured."—*N. Y. Evening Post*.

CORRECT DIAGNOSIS.—Doctor (feeling patient's pulse): "What is your husband's business?" Patient's Wife: "He is a photographer." D.: "Has he been working hard of late?" P. W.: "I don't know, doctor. He took the portraits of four babies yesterday." D.: "H-m! Brain-fever."—*Boston Post*.

HOW IT WORKS.—Bobleby—I hear they've been trying the faith-cure on Jawkins. Wiggins—Yes, it's a great thing for rheumatism. Bobbleby—Indeed! Is he stronger? Wiggins—No; but the rheumatism is. It's got him all twisted up in a hard knot now.—*Judge*.

A SMALL BOY, required to write a sentence containing the word "hominy," produced the following: "Hominy marbles have you?"—*Boston Transcript*.

OBITUARY.

PROFESSOR L. M. POLITZER, M.D.

Dr. Politzer, the eminent professor of pediatrics in the University of Vienna, Austria, died May 23. He was born in Arad, Hungary, in 1814, and obtained his degree in medicine at Buda Pesth and Vienna in 1839. In 1875 he received the title of professor, and in 1880 he was intrusted with the management of the first public hospital for diseases of children in Vienna. In June, 1853, he, together with Mayer and Schüller, started the famous *Jahrbuch für Kinderheilkunde*, to which he contributed many valuable papers.

HOWARD PINKNEY, M.D.

Dr. Howard Pinkney, a well-known surgeon, of New York, died (as we stated in the *REPORTER*, May 26) on May 14, on a train, while traveling from Southampton to London, England. His funeral took place June 11, at the Church of the Holy Trinity, New York. Dr. Pinkney was graduated at the College of Physicians and Surgeons, New York, in 1860. He was a member of the New York County Medical Society and of the Academy of Medicine, and was one of the surgeons to the New York Eye and Ear Infirmary.

DR. E. GARDETTE.

Dr. Emil B. Gardette, the President of the Board of Trustees of the Jefferson Medical College, died June 17, 1888, at his residence in Philadelphia, in the 85th year of his age. He was graduated from the Jefferson Medical College in 1838, and subsequently became well known as a dentist.